DOCUMENT RESUME

ED 215 275 CG 016 008

AUTHOR Cohen, Elias S.; And Others
TITLE [White House Conference on Aging, 1981. Creating an Age Integrated Society: Implications for Governmental Structures. Report and Executive Summary of the Technical Committee.]
INSTITUTION White House Conference on Aging, Washington, D.C.
SPONS AGENCY Department of Health and Human Services, Washington, D.C.
REPORT NO TCES-12; TCR-12
PUB DATE 81
NOTE 85p.; Paper presented at the White House Conference on Aging (3rd, Washington, DC, November 30-December 3, 1981). For related documents, see CG 015 980-987 and CG 015 990-CG 016 022.

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Administration; *Aging (Individuals); Cultural Pluralism; Decentralization; Delivery Systems; Federal Government; Financial Support; *Governmental Structure; *Government Role; *Older Adults; *Public Policy; Services; State Government
IDENTIFIERS *White House Conference on Aging

ABSTRACT

This Technical Committee Report addresses the interactions between governmental structure and aging policy and administration, focusing on three general areas: (1) the role of government; (2) strategies to achieve national objectives; and (3) the most effective, efficient, and responsive structure for delivery of needed services. The impact of policy, organizational linkages, funding, and management styles on the achievement of national objectives is discussed along with the pluralistic nature of society, the current emphasis on decentralized decision-making and service delivery, and the multi-jurisdictional pattern through which programs are implemented. A section of the philosophy and experience of government in the field of aging considers, among other issues, age-integrated and age-segregated approaches to aging. Government organization is discussed at the federal, state, and local levels, and general issues of government structure are examined, i.e., decentralization versus centralization, advisory structures, advocacy, and citizen/client accountability. Management, intergovernmental, and public policy issues are also presented. Although this report does not contain specific recommendations for the White House Conference on Aging delegates, options and alternative designs are presented whenever feasible. An executive summary of this report is also included. (NRB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED215275

WHITE HOUSE CONFERENCE ON AGING, 1981

Creating an Age Integrated Society: Implications for Governmental Structures

Report and Executive Summary of the Technical Committee

Elias S. Cohen
Lionel B. Cade
Doris W. Dealaman
Charles E. Reed
Harry Holland
Herman Holloway, Sr.

CG 016008

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☒ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

Papers presented at the White House Conference on Aging, Washington, DC, November 30 - December 3, 1981.

the 1981
White House
Conference
on
Aging

Report of
Technical Committee
on

CREATING AN AGE INTEGRATED SOCIETY: IMPLICATIONS FOR GOVERNMENTAL STRUCTURES

TCR-12

NOTE: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging, or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

TECHNICAL COMMITTEE MEMBERS

Elias S. Cohen, JD
Managing Partner
Public Interest Law Center
Philadelphia, PA

Lionel B. Cade, Mayor
Compton, CA

Doris W. Dealaman, Freeholder
Board of Directors & Chairman
Subcommittee on Aging
National Association of County
Officials, Washington, DC

Charles E. Reed, Director
Bureau of Aging
State of Washington

Harry Holland, Retired
Social Security Administration
Phoenix, AZ

Herman Holloway, Sr.
State Senator
Delaware

COMMITTEE STAFF, CONSULTANTS, EXPERTS

Robert Agranoff, Ph.D., Consultant
Indiana University, Bloomington

Bernard E. Nash
White House Conference on Aging Staff
Former Executive Director, NRTA/AARP

TABLE OF CONTENTS

		PAGE
I.	INTRODUCTION	1
	A. Work of the Committee	1
II.	CONCEPTUAL FRAMEWORK	2
III.	PHILOSOPHY AND EXPERIENCE OF GOVERNMENT IN THE FIELD OF AGING	4
	A. Values and Philosophical Commitments	4
	B. Historical Developments and Trends	5
	C. Relationships of Government to the Private Sector and Other Institutions	7
	D. Basic Policy Underpinnings: General Governments	9
	E. Basic Policy Underpinnings: Human Services	10
	F. Basic Aging Policy Underpinnings	11
	G. Age-Integrated vs. Age-Segregated Approaches	12
IV.	GOVERNMENT ORGANIZATION	13
	A. Federal Government	13
	B. State Government	25
	C. Substate Areas and Local Governments	30
V.	GENERAL ISSUES OF GOVERNMENT STRUCTURE	35
	A. Centralization versus Decentralization	35
	B. Advisory Structures	36
	C. Advocacy	37
	D. Citizen/Client Accountability	38
	E. Conclusions	39
VI.	MANAGEMENT ISSUES	39
	A. Developing and Managing a Course of Action	39
	B. Management Problems Resulting from Structure	40
	1. Establishing and Monitoring Program Goals	41
	2. Program and Fiscal Auditing	42
	3. Development of Standards	42
	4. Contracted Services	43
	5. Managing the "Network"	44
VII.	INTERGOVERNMENTAL ISSUES	47
	A. The Intergovernmental System	47
	B. IGR and Aging Concerns	48

		PAGE
	C. IGR and the Eighties: Considerations	51
VIII.	PUBLIC POLICY ISSUES	54
	A. Fiscal Restraints	54
	B. Comprehensive or Fragmented Policies: Age Related or Age Integrated	55
	C. Existing Administrative Arrangements	57
	D. Future Issues in Service Models	58
	E. Income Versus Service Strategies	58
	F. Non Service Approaches	59
	G. Incremental and Segmented Policy	60
IX.	CONCLUDING OBSERVATION	60
	FOOTNOTES	61-68

I. INTRODUCTION

A. Work of the Committee

The Committee on Governmental Structures first met in August 1980 to review its charge and develop a plan of work which would result in the publication of this report by the Spring of 1981. By the second meeting in October the roster of members was completed and a consultant was employed. At that meeting, two major agreements were reached. First, since the design of governmental structures should be based on the policies and objectives being sought, and since most programs for older persons are implemented through agencies serving many purposes, it is virtually impossible to recommend a single best design or model. Second, the existing organizational structures and patterns of services would probably change somewhat as the result of the local, state and national studies occurring in preparation for the White House Conference on Aging. The Committee therefore agreed that its contribution to the Conference would be best served if it identified the major structural problems and issues in the principal governmental programs for older Americans.

To identify current issues, two days in December were devoted to hearing testimony from private and public sector representatives. In addition, a considerable number of interviews and literature reviews were conducted. In January a draft report was critiqued by the Committee and the document was completed in February 1981.

The content of the report covers those areas the Committee deemed essential to responsive, effective and efficient governmental activity, whether federal, state or sub-state. The impact of policy, organizational linkages, methods of funding, and management styles on the achievement of national objectives receives considerable attention. Also addressed are the pluralistic nature of our society, the current emphasis on decentralized decision-making and service delivery, and the multi-jurisdictional patterns through which programs are implemented.

The Committee is confident the report furnishes the White House Conference on Aging delegates with the background and data

essential to their deliberations. It has not attempted to forge recommendations for the conferees but where feasible, options or alternative designs are presented.

II. CONCEPTUAL FRAMEWORK

This paper addresses the interaction between government structure and aging policy and administration. The technical committee focused on three general areas:

1. The role of government--the nature of its responsibility and policies regarding older citizens.

2. The strategies which should be considered to achieve national objectives.

3. The most effective, efficient and responsive structures for delivery of needed services.

Government has developed a considerable direct and indirect presence in aging. The focus of the technical committee and this paper is on governmental structure. The important details of policy content will be left to other technical papers.

Structural developments follow policy developments. Organization in the public sector is one embodiment of legislative enactments necessary to meet policy aims.

Policy development in aging has been a product of a changing definition of the role of older persons in a changing society and government. Major national responses began in the 1930's with income programs, to be followed in subsequent decades with programs in health financing, social services, housing and many other areas. These national responses were a part of an ongoing redefinition of the American Federal system. Increasingly, the national government was setting national goals and priorities, and financing programs on a nationwide basis. The basic method for dealing with the elderly was problem by problem, in legislative enactment and organizational form. Hundreds of pieces of special purpose legislation were enacted at national and state levels. The levels of governmental responsibility were varied. These national programs were administered under a variety of auspices: national, national-state, national-local, and through a variety of semi-governmental and non-governmental auspices. The process of mounting governmental programs also shifted responsibility from private social institutions, or at least changed the role of the family, groups and other agencies in assisting the elderly.

Management of these public programs requires taking a basic legislative enablement, enlisting key officials and publics, balancing values[1] like accountability, efficiency, equity and responsiveness, and taking action.[2] Public administration is

neither exclusively a set of political choices or bag of technical exercises in carrying out choices. It is both and they are intertwined. Thus, examination of governmental structures in regard to aging is both policy and management in a complex of interactions that is sometimes identified as program administration.

This approach to governmental structures defines public administration to include, as key administrative actors, elected officials at all levels of government. Administering a set of programs relating to the aging population, or any other population for that matter, involves more than the details of financing, staffing, delivering services, and so on. More importantly, it involves taking a basic enabling statute, rule or decision and moving the program toward some goal directed course of action. In other words, aging and other programs have a policy component as they move through the stages of implementation. Public programs operate within a political context; choices from and among alternatives are made and public managers attempt to implement these choices. Therefore, important actors include the political leadership--legislative, judicial, and executive--as well as the administrative. An important focus of this paper, then, will be how governmental structure issues can improve the important choice-making and guidance roles of council members, legislators, mayors, country executives, governors, Members of Congress, and the President as well as managers in the aging policy and administration field.[3]

Do matters of government organization make a difference? One suspects that they do, otherwise interest groups, legislators, elected executives and bureaucrats would not fight so hard to maintain their positions in regard to organization and reorganization. While issues of structure are not the only elements of success in meeting the objectives of a governmental program, they are essential ingredients. Organizing represents the empowering and grouping of activities necessary to meet policy aims. Hopefully, this assignment of task will mean an accompanying authority and the provision of horizontal and vertical coordination in the agency structure. Public organizations have not always had the power to achieve their objectives, often making structure unworkable. Other common problems of governmental structure include: ready adoption of the rational bureaucratic model, ignoring the fundamental ingredient of politics as a motivating force in government organization; the failure of public organizations to follow policy, that is, the ability to arrange all activities so as to meet policy objectives, and, the failure to consider the variety of models that other types of organizations have adopted, as they have met new challenges from their environment.[4] These problems suggest the very reason why government structuring does make a difference: the failure to organize flexibly in relation to policy aims, encompassing the necessary political input, contributes to weaknesses in achieving policy objectives.[5] On the other hand, elegant structures cannot substitute for effective leadership, a well-crafted statute, competent staff or sufficient budget. Nor can it guarantee any of them.

Problems of governmental structures in aging are now entering a critical second stage of understanding and decision. A substantial effort has been made--numerous programs are in place, broad general purposes have been stated, a complex of public and private agencies are in the intergovernmental maze--but there is an absence of overall policy and structural coherence. Thus, several concerns in the policy-organization nexus have been identified: administrative organization related to purpose and mission; linkage, coordination and integration in fragmented administrative structures; approaches to policy and program management; intergovernmental relations and management; the emergence and roles of quasi-government and private contractors; the role of senior citizens in policy advocacy and representation on government advisory structures; and, the roles of elected officials at state and local levels.

III. PHILOSOPHY AND EXPERIENCE OF GOVERNMENT IN THE FIELD OF AGING

A. Values and Philosophical Commitments

As Patricia Kasschau suggests in her study of leadership in planning for the elderly, "social problems do not exist in the objective arrangement of social institutions and processes in society but rather in the way in which individuals in the society collectively define the social problem."[6] She also points out that a social problem is the product of a highly selective process of collective definition within a society, and that a problem exists primarily as a function of the way in which it is defined in society. The definition of aging as a social problem needing governmental attention came slowly in the U.S. in comparison to other Western nations, and when it came it was in stages. National recognition in public policy came first in the 1930's in regard to income maintenance, and three decades later in health care. Other primary responses, such as social services and housing followed in small but escalating doses.[7] Recognition of the need to create a broad-based network of agency supports for the elderly came less that a decade ago; action is yet to occur.

Historical commitment to aging has generally been explained in terms of the interaction between the demographic and social effects of industrialization and the growth of social welfare as a function of industrializing nations. The industrial revolution brought an increase in the standard of living, reduction in work hours, and mandatory retirement policies. At the same time a greater proportion of people lived to be 65 or more, creating a growing retired population. This non-working population had to meet the living costs and other challenges of an increasingly urbanized society with all of its attendant social changes; perhaps the most significant of which was the

breakdown of the extended family. These conditions, as well as severe economic downturns, created a permanent, dependent population. Meanwhile, the "social capital" created by industrial society, plus changes in economic philosophies toward positive government actions to stabilize the economy and to assist people in need, led to the beginnings of social welfare, including aging as an expanded function of society.[8]

Despite reluctant beginnings governmental commitment to the aging is now considered a first line function of society. Over the last half century, U.S. society has moved away from a "residual" philosophy of social welfare (in Wilensky and Leabeaux's term) in which government steps in where other social institutions fail. Increasingly, commitment to the elderly is seen by the alternative philosophy, the "institutional" view, where the need for services is seen as a natural outgrowth of the increasing complexity of modern society and part and parcel of "preventative" and normal support schemes.[9] This conception focuses on aging services as a permanent and normal function of society, and is not necessarily limited to subsistence support. Rather, a total range of physical, psychological, and social needs can be included. While the two positions are idealizations, and elements of both exist in public policies, it is safe to conclude that the philosophical commitment to aging is becoming more institutional in the sense noted here.

B. Historical Developments and Trends

Colonial America, as a youth-oriented society, dealt with welfare issues basically through the family and the church. Public programs were locally financed and administered. Not until after the Civil War were there serious efforts to launch national public programs and not until the turn of the century did Congress pass significant welfare legislation, primarily for children and rehabilitation for veterans. Local public programs were stringent in eligibility requirements, patterned after the punitive concepts of the Elizabethan Poor Laws. The major service program for the elderly was the county poor farms which were finally closed after the passage of the Social Security Act in 1935. A few private companies, as early as 1875, established pension programs for their long-term employees. By 1934, twenty-seven states had old-age pension systems of some type, to accompany programs for the blind and widows.[10] But the severe economic downturn of the 1930's triggered national action on behalf of a rapidly growing senior population. The Social Security Act of 1935 established a national old-age insurance program in which certain employers and employees were required to participate through payroll taxes. Upon retirement age, workers or survivors were to receive retirement annuities in proportion to their contributions. In addition, the original act provided matching funds to the states for older persons (OAA) who were not able to take part in this new "social insurance" system.

Governmental attention to aging issues and problems accelerated from the late 1930's to the present. In part, this attention was in reaction to the growing number of senior organizations outside of government urging attention to this problem, placing concerns of the elderly on the policy agenda. In large measure, however, increasing government attention was due to the growing numbers of persons retiring with Social Security benefits, pensions, or a combination, and finding that it remained difficult to maintain independence. Self sufficiency was unobtainable for increasing numbers because benefit payments were not enough and/or some additional type(s) of human services were necessary. As a result, government attention to the problems of aging has continued. Among the milestones have been: a National Conference on Aging in 1950; several state commissions and grant programs formed in the 1950's; HEW first focused special attention on aging in 1951 with a Committee on Aging and Geriatrics; the Senate's creation in the late 1950's of a Select Committee on Aging; the first White House Conference on Aging convened in 1961; Medical Assistance for the Aged, the Older Americans Act of 1965, which established a national Administration on Aging, state agencies on aging, and focused on community planning and a wide range of senior services; in the same year Medicare and Medicaid was enacted, providing financing for health care for seniors; a second White House Conference on Aging was held in 1971, emphasizing inadequate income and the need for greater social services; in 1973 the Older Americans Act was amended to establish sub-state Agencies responsible for planning and management of local aging "networks"; the National Institute on Aging was created in 1974; and also in 1974 a House Select Committee on Aging was formed.

But these developments only present part of the picture. Throughout the 1960's and 1970's the Federal government and the states created several human service programs of benefit to a wide range of citizens, including seniors. Most of these programs were based on special legislation providing grants or services on a special purpose or categorical basis. The House Select Committee on Aging identified 48 major federal programs which benefitted seniors directly.[11] If those programs which benefitted seniors indirectly were included, the number would rise to about 200. These programs are administered through 15 different federal agencies and executive departments. Legislative jurisdiction over these programs is divided over dozens of House and Senate Committees and Sub-committees.[12]

The expansion of types of governmental programming in aging has been accompanied with growth in government spending. A recent Congressional Budget Office study developed a "total elderly budget" (an estimate of all federal government expenditures devoted to persons over 65). Outlays increased from $57 billion to $129 billion from fiscal year 1973 to fiscal year 1979, representing 23 and 26 percent of total federal expenditures respectively. In real terms, CBO estimates

spending for the elderly increased by 36 percent in those six years, while the total federal budget increased 20 percent. Even when the CBO considered a "core" elderly budget, that is major elderly programs such as OASI, Medicare, Nutrition, Social Services, transportation and housing, the elderly budget is 25% of the federal budget. Thus, the elderly budget grew in real terms nearly five percent annually over this period, whereas the total federal budget grew by about three percent. When the elderly budget is adjusted for population growth, the elderly budget grew by 17.5 percent in real terms over this period, and averaged a 3 percent real annual increase, whereas the elderly population grew by 16 percent during this period.[13] The major increases have been due primarily to specific Congressional policy decisions rather than mere growth in numbers. Another significant factor, of course, is inflation.

The prospects for further growth, generated by an increasing elderly population, continue. The estimates are well known. Between the present and 2000, the proportion of older persons is expected to increase slowly from about 11 to 13 percent of the total population. After the year 2000, the increase will be rapid, possibly reaching 22 percent in the next 50 years. Perhaps more significantly, within the older population, the oldest or over 75 years of age segment of the population is expected to grow at the fastest rate, so that by the turn of the century this segment will be 45 percent of the elderly compared to 34 percent today. The over 85 population is expected to be about 12 percent of the aging population, whereas they comprise less than 8 percent today. Thus, the shape as well as the size of the aging population is likely to have a significant impact on governmental programming.

C. Relationship of Government to the Private Sector and Other Institutions

The shifting concept of government in social welfare has been described as movement to a more permanent or institutional approach. The institutional view assumes that social welfare programs are a necessary function of a modern industrial society, in that some persons will never be able to avoid dependency; the family, the economy or other social institutions will not be able to take care of them. Clearly, aging policy is an extension of institutionalized social welfare, with notable government commitments in income, health care, housing, transportation, nutrition, social services, and so on. But as government roles in aging have become institutionalized, concern has emerged that its relationship with non-government institutions should not be ignored. The institutional view of social welfare does not advocate abandonment of the roles of the family, private enterprise and other institutions for government programming; private social institutions will not be able to provide for the needs of all citizens. Therefore, some have suggested that the large government

role has overshadowed other roles, and that a new partnership needs to be forged.

This partnership is based on the recognition that government does not and cannot meet all of the needs of the nation's elderly. All Americans derive meaning and identity from personal involvements, such as families, friends, neighborhoods, associations, and other voluntary groupings. Most of the the interaction with or care for the elderly remains in the private sector. A majority of those over 60 are independent and do not need social and health services. Yet, the growth of public sector involvement in human services has blurred the role of private institutions. Berger and Neuhaus have called these dormant institutions "mediating structures": the family, the neighborhood, organized religion, voluntary associations, and ethnic/racial subgroups.[14] They mediate because they stand between the individual and the "great, impersonal megastructures of the public sector."[15] These intermediate structures are also known by other names: "folk support systems", "natural support systems", or community based caregivers. Government cannot be a substitute for these structures. Indeed, government needs these structures for its programs to work. Somehow the individual, intermediate structures and government must mesh.[16]

A recent report by the House Committee on Aging has advocated "reempowering" of these natural systems:

> A whole new approach is called for. We need to reempower these mediating structures and bring them fully into the human services system...not only will more and better care be available, but this care will cost much less and mean much more. Our concept is that governments should first support mediating structures whereever possible; second, if necessary purchase services in the private sector; and only as a last resort--say in truly rural areas--become service providers.[17]

The report goes on to suggest that as more "natural" care providers are "legitimized" there will be many more options for contracting. Legitimation by the public sector is proposed through provision of money and knowhow. "It is clear that in an era of limits the public sector's job is to facilitate an efficient service exchange through fiscal and technical assistance between those in need and those best capable of caring."[18]

The extent to which it will be possible to completely turn over aging program and service functions to those mediating structures is open to discussion. Complete "empowerment" appears to raise a set of technical and fiscal questions, as well as political barriers. But the underlying suggestion is clear. As government roles in aging policy and administration increase, the continuing, essential roles of families

and other social institutions must be maintained. A monthly check, partial medical coverage, and an occasional service does not make a complete system. The existence of numerous programs for the elderly may provide convenient, but not complete answers. Governments must take positive steps to develop the necessary and forgotten intermediate relationships between senior citizens and themselves.

D. Basic Policy Underpinnings: General Government

Growth in government commitment to the aging came at the same time as general governmental growth. Since the end of World War II government expenditures have increased at a rapid pace, particularly at state and local government levels. According to a report by the U.S. Department of Commerce, spending by all units of government in the U.S. between 1946 and 1977 increased 1264 percent, from $45.6 billion to $621.8 billion. Federal government spending increased by 1088 percent, whereas state and local government spending increased by 2229 percent. Government outlays rose significantly faster than the economy as a whole. During the same period, the gross national product expanded 800 percent, from $210 billion to $1,887 billion. [19]

This increase came in response to an increasing population and in response to increasing demand for public goods and services. New governmental units and programs were created. For example, special purpose governments (excepting school districts) grew in number from 8,299 in 1942 to 23,886 in 1972. Federal funding stimulated state and local growth. The number of Federal grants to state and local governments increased from less than 100 in 1950 to 525 in 1978, amounting to expenditure rises from $2.2 billion to $71.5 billion. [20]

This growth, simply translated, amounted to a policy shift toward the use of government programs to tackle social problems. Many of these programs are similar in form to the aging programs previously identified, in that they represent attempts to use public policy as a means of social amelioration. That is, government mounts a social program in response to groups who desire to change or alleviate a social condition. Government then becomes a major intervenor in dealing with this social condition. The tendency to turn to government is normal and understandable. Government possesses the greatest authority and the potential for adequate resources to deal with great problems. But there are real limits on the ability of government to solve problems. In an essay on the "Political Dilemmas of Intervention," Binstock and Levin point out that there are real political and technical limits to successful implementation of social policies. These limits are many, ranging from the need to make compromises in order to get policies enacted to the long chain of actors involved in getting a program implemented. Also relevant is the fact that although government is often told what to do, the how to do

it is not clearly worked out. These limits are "humbling," in regard to the use of social science in providing directions for interventions to solve social problems.[21] Thus, the very political reasons that may make it possible for government to deal with a problem may make it difficult for government to solve that problem.

E. Basic Policy Underpinnings: Human Services

Growth of government has been greatest in human services. The term human services refers to six broad types or systems of public services: education, income transfer, health, housing, employment and training and personal social services.[22] Some domains are perhaps more obvious than others, but when one considers the entire process of how government might serve individuals, from growth and development through care and support of those who need some type of assistance or maintenance, they make eminent sense. Human services amount to half of governmental output; nearly one-fifth of the Gross National Product. About 300 of the 525 federal government grant programs mentioned above fall into the human service areas.

The growth of individual programs and systems of human services has brought on a number of human service administrative problems. These result in many cases from the "dilemmas of social intervention," referred to earlier. Since these human services problems are bound up with aging policy and administration they will be fully explored throughout this paper; however, they are problems "generic" or "endemic" to all public human services. Gilbert classified them under four headings: (1) fragmentation, or separate organization of services due to location, specialization, duplication or lack of cooperation; (2) inaccessibility, or obstacles for a person trying to make use of services, such as restrictive eligibility or other exclusionary criteria; (3) discontinuity, or obstacles to clients moving from provider to provider or other gaps in matching resources with needs; and (4) unaccountability, or inability of clients or consumers to influence agency or service provider decisions.[23]

The United States and other industrialized nations share common human service identified problems, requiring a similar focus of efforts. The conclusions of one six-nation study of social services are suggestive. First, delivery systems should be focused at the local level. Local governmental authorities have the best opportunities to work out local differences. Second, fragmentation is such a universal concern that all systems need to work out locally based multi-purpose outlets. There is a general need to improve information and facilitate access. Third, there is a need to work out meaningful roles for consumers as participants in human services systems. Fourth, there is a need for a "generalist" perspective at the core of the local service system. This would include both

management and practitioner levels. Fifth, there is a concern for well prepared personnel to meet these new challenges. Sixth, there is a need to work out means of facilitating or working out "boundary" problems between the various sectors or systems of human services. And seventh, meaningful relationships between government and non-government providers of human services need to be established.[24] Thus, these delivery problems appear to go beyond aging policy to all types of services, in a cross-national context.

F. Basic Aging Policy Underpinnings

A number of aging specific policy issues appear important; the policy consideration has a direct effect on structure.

First, the aging population is among the more vulnerable or dependent in our society. If society expects the family and the economy to provide most of our needs, the elderly are among the least likely to be participants in the economic sector or part of an intact family. Mandatory retirement policies, the absence of a spouse, disabling illnesses, and the inability of families to take care of the elderly are among the contributors to institutional dependency. The need for retirement income and some means for caring for the frail elderly appears essential. As more and more people live longer the special dependence of the elderly will probably increase, not decrease.

Second, a condition of dependency among the elderly is unlikely to be temporary. The portion of the elderly population that is dependent on government programs for support is likely to be continuous. Their very dependent status is permanent by definition: severance from the work force or inability of the family to supply their needs. This means that benefit or medical payment support or other assistance is likely to be a long term, non-residual commitment by government, with little hope of return to the economic and financial participation that was once a part of life.

Third, for those elderly that are dependent, the needs are near total. Unlike other populations, where the need may be for an occasional service or temporary income support, most elderly who are not self sufficient require income, inkind support (health, financing, food), and social services. Aside from questions of the adequacy of benefits and services (themselves, important questions), human service approaches to the elderly must encompass income as well as services strategies. This difference provides some explanation for large-scale income and "in kind" income commitments to the elderly.

Fourth, the elderly may constitute a potentially significant political force. To be sure, other populations like the handicapped are perceived to be politically influential. But

the aging population is more than a dependent group. It is a status group, now over 10% of the entire population, which makes it potentially larger than any other group. There are those who claim that the elderly have become rather successful at their advocacy efforts. Others have suggested that the elderly groups have been more successful at achieving organizational objectives than improving the lot of the elderly. But success or failure is not the issue. As a large category of our citizens, the elderly represent a political force that can be approved to demand and expect representation in the U.S. system.

Fifth, it must also be noted that the vast majority of the elderly are relatively free of problems that require extensive government assistance. As Kleff concluded, the elderly are persons with potential for continued growth and development. He suggests that a comprehensive picture should take into consideration the needs of the non-problem elderly--"Our medical and social system for coping with an increasing number of healthier, longer-living older Americans, who are typically cut off from their previous occupations and lifestyle."[25] This is an issue that must complement issues of services for those who are dependent. Indeed, positive attention may well reduce the need for increased service strategies.

G. Age Integrated Versus Age Segregated Approaches

A number of writers have observed that governmental efforts for the aging have had the unanticipated consequence of segregating the elderly from the rest of the population. Bernice Neugarten has concluded that "...bureaucracy is bringing with it the increasing use of chronological age in sorting and sifting people, age criteria are being codified into law, special government programs are being aimed at the young and the old, and age is being accentuated in the formation of interest groups and subcultures."[26] But juxtaposed with these practices is the fact that society is becoming less age relevant, she claims. We are becoming more accustomed to 70 year old students, 22 year old mayors, 50 year old retirees, 65 year old parents of young children, and 30 and 60 year olds wearing the same clothing styles. To the extent that age norms are reflected in these behavior patterns, it appears that age is diminishing as a regulator of behavior.[27] She concludes that in our complex society, both patterns are true. Age segregation and age integration are simultaneous processes.

Examples of the variation in age-specific, age-integrated, and age-segregated programs might be cited. Many programs that are considered to be exclusively for the elderly, such as nursing home care are not, although the elderly do use these services in a greater proportion. Other programs such as OASI and Medicare are for older persons and their beneficiaries. In other programs such as SSI, food stamps, and

Title XX social services, the elderly are but one of several groups in the recipient population.

These different contexts influence aging policy and administration in a paradoxical fashion. Many advocates feel that without special attention and focus there would probably be no significant government programs for the elderly. Dealing with a problem requires concentration and dedication of resources. This leads to the creation of special programs and provisions for the aging. But others argue it also contributes to age segregation, creating a distorted picture of what the elderly need. Brent Green and associates have concluded that the context of much aging research is based where the elderly are found. In response they suggest that, "empirical research must be ecologically valid, pertaining to the real life considerations of older persons. What is now observed is largely a consequence of the social environments in which older people find themselves. The context of researching elderly needs then has enormous value for social policy development, and it involves 'social opportunities' as well as 'care'.[28] The degree to which social policies should be age integrated will continue to be a matter of concern in regard to the role of government.

IV. GOVERNMENT ORGANIZATION

A. Federal Government

One commentary on the federal government aging presence aptly describes the situation: "But what can be expected of a scheme of things that invented a program every time a need was articulated."[29] A recent federal survey found 48 major programs which benefit seniors directly, with the number approaching 200 when indirect effects are taken into consideration. No attempt will be made to document or describe each of these. The attached chart, identifying and locating the major programs, shows the spread across several agencies and executive departments.

The "spread" is considerable. Federal programs for the elderly are administered by eight (including the new Department of Education) departments and as many independent agencies. And program sponsorship is not necessarily discrete, i.e., several agencies have multiple programs in single organizational units, and some programs are split across units. The House Select Committee on Aging found:

> For example, eight of twelve finance 31 programs for transportation services to seniors. HEW (now HHS) has dozens of health, mental health, nutrition, and home care programs. HUD subsidizes housing for seniors and soon will provide home care services for residents.

> The Labor Department administers employment programs and ACTION, an independent agency, sponsors volunteer programs. The Older Americans Act has its Community Services Employment Act (administered by the Labor Department). Health care is provided from a plethora of sources.[30]

According to the study, this fragmentation, duplication and "total lack of coordination," begins a chain of events at the federal level, which often ends in extreme difficulties in seniors getting the services they need and to which they are entitled.

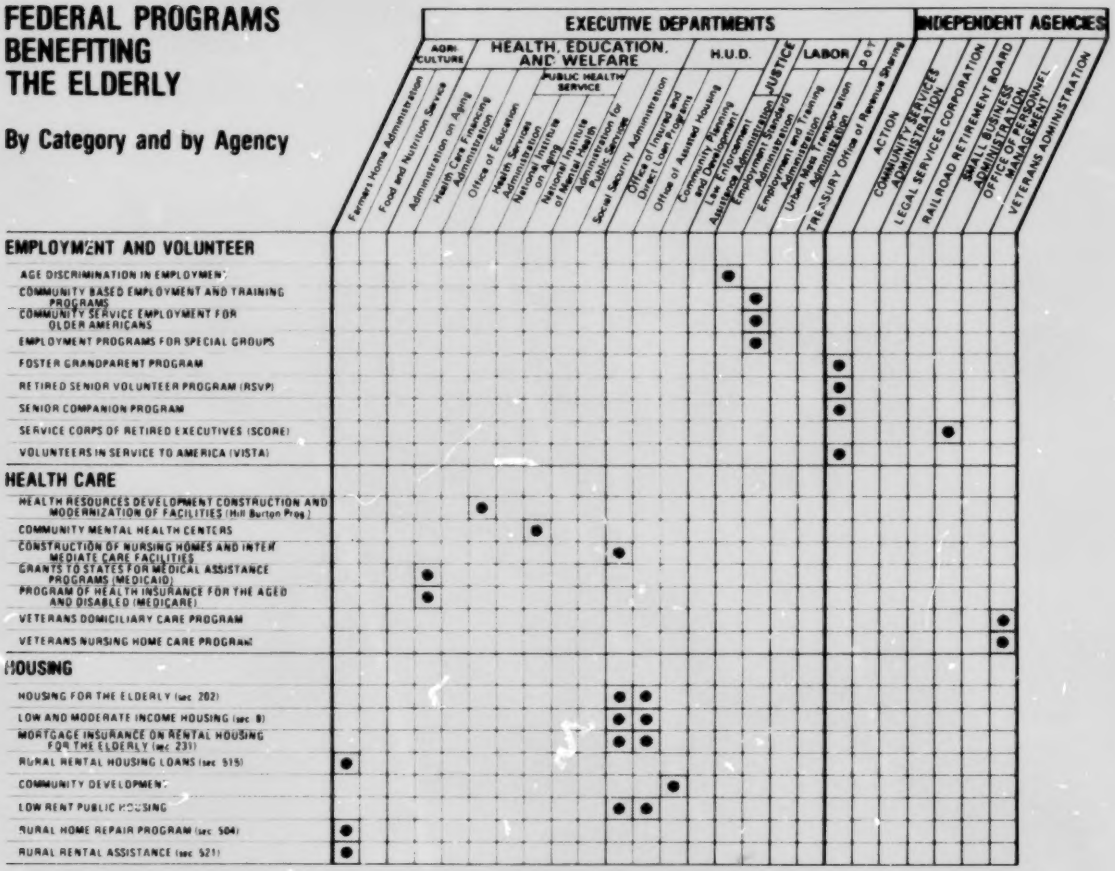
Divided responsibility has come about through the enactment of special purpose or categorical legislation. Whether the categorical program operates directly from the federal government or through a grant to a state or local government, or some other deliverer of service, it targets populations and services in laws and regulations. Categorical programs are known for their specificity in problem focus and intended results. They almost always carry with them restrictions on the substantive or program use of money, agencies and jurisdictions that are eligible to receive them as well as matching, planning, accounting, reporting, and personnel requirements. And, as will be demonstrated when state and sub-state government impacts are examined, they pose considerable planning management and service delivery difficulties as funds are passed through.

Fragmentation at the federal government level is revealed in many ways, even through study efforts like the House Select Committee's. The federal aging presence is so large and varied that a number of federal oversight bodies, including the General Accounting Office, the Office of Management and Budget, Inspectors General in various departments, the Congressional Budget Office, and a number of Congressional Committees are continuously examining the role and effectiveness of national programs for the elderly and their intergovernmental impacts. They almost always point to problems relating to divided organizations and responsibility.

Organization for supporting research, education, and training, which are primarily federal government efforts, further demonstrates the problems of divided responsibility in aging. These three functions are conducted and funded by a large number of federal agencies: National Institute on Aging, Administration on Aging, National Cancer Institute, National Heart Institute, National Eye Institute, National Institute of Mental Health, National Science Foundation, National Aeronautics and Space Administration, Community Services Administration, Veteran's Administration, Department of Defense, Department of Housing and Urban Development, Department of Transportation, and the Department of Agriculture. With all of these sources of support for research, education, and training, it appears that most agencies conduct their activities independently of

FEDERAL PROGRAMS BENEFITING THE ELDERLY

By Category and by Agency


EXECUTIVE DEPARTMENTS
INDEPENDENT AGENCIES
AGRICULTURE
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
H.U.D.
JUSTICE
LABOR
D.O.T.
Farmers Home Administration
Food and Nutrition Service
Administration on Aging
Health Care Financing Administration
Office of Education
Health Services Administration
National Institute on Aging
National Institute of Mental Health
Administration for Public Services
Social Security Administration
Office of Insured and Direct Loan Programs
Office of Assisted Housing
Community Planning and Development
Law Enforcement Assistance Administration
Employment Standards Administration
Employment and Training Administration
Urban Mass Transportation Administration
TREASURY Office of Revenue Sharing
ACTION
COMMUNITY SERVICES ADMINISTRATION
LEGAL SERVICES CORPORATION
RAILROAD RETIREMENT BOARD
SMALL BUSINESS ADMINISTRATION
OFFICE OF PERSONNEL MANAGEMENT
VETERANS ADMINISTRATION
EMPLOYMENT AND VOLUNTEER
AGE DISCRIMINATION IN EMPLOYMENT
COMMUNITY BASED EMPLOYMENT AND TRAINING PROGRAMS
COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS
EMPLOYMENT PROGRAMS FOR SPECIAL GROUPS
FOSTER GRANDPARENT PROGRAM
RETIRED SENIOR VOLUNTEER PROGRAM (RSVP)
SENIOR COMPANION PROGRAM
SERVICE CORPS OF RETIRED EXECUTIVES (SCORE)
VOLUNTEERS IN SERVICE TO AMERICA (VISTA)
HEALTH CARE
HEALTH RESOURCES DEVELOPMENT CONSTRUCTION AND MODERNIZATION OF FACILITIES (Hill Burton Prog.)
COMMUNITY MENTAL HEALTH CENTERS
CONSTRUCTION OF NURSING HOMES AND INTERMEDIATE CARE FACILITIES
GRANTS TO STATES FOR MEDICAL ASSISTANCE PROGRAMS (MEDICAID)
PROGRAM OF HEALTH INSURANCE FOR THE AGED AND DISABLED (MEDICARE)
VETERANS DOMICILIARY CARE PROGRAM
VETERANS NURSING HOME CARE PROGRAM
HOUSING
HOUSING FOR THE ELDERLY (sec. 202)
LOW AND MODERATE INCOME HOUSING (sec. 8)
MORTGAGE INSURANCE ON RENTAL HOUSING FOR THE ELDERLY (sec. 231)
RURAL RENTAL HOUSING LOANS (sec. 515)
COMMUNITY DEVELOPMENT
LOW RENT PUBLIC HOUSING
RURAL HOME REPAIR PROGRAM (sec. 504)
RURAL RENTAL ASSISTANCE (sec. 521)
INCOME MAINTENANCE
CIVIL SERVICE RETIREMENT
FOOD STAMP PROGRAM
OLD AGE SURVIVORS INSURANCE PROGRAM (Social Security)
RAILROAD RETIREMENT PROGRAM
SUPPLEMENTAL SECURITY INCOME PROGRAM
VETERANS PENSION PROGRAM
SOCIAL SERVICE PROGRAMS
CRIME PREVENTION (LEAA)
EDUCATION OPPORTUNITIES FOR OLDER PEOPLE
LEGAL SERVICES CORPORATION
MULTIPURPOSE SENIOR CENTER FACILITIES
NUTRITION PROGRAMS
REVENUE SHARING
SENIOR OPPORTUNITIES AND SERVICES
SOCIAL SERVICES FOR LOW INCOME PERSONS AND PUBLIC ASSISTANCE RECIPIENTS (Title XX)
STATE AND COMMUNITY SOCIAL SERVICE PROGRAMS (Title III)
TRAINING AND RESEARCH PROGRAMS
MODEL PROJECTS
MULTI DISCIPLINARY CENTERS OF GERONTOLOGY
PERSONNEL TRAINING (Title IV Older Americans Act)
RESEARCH AND DEMONSTRATION PROGRAM (Title IV Older Americans Act)
RESEARCH ON AGING PROCESS AND HEALTH PROBLEMS
TRANSPORTATION
CAPITAL ASSISTANCE GRANTS FOR USE BY PUBLIC AGENCIES
CAPITAL ASSISTANCE GRANTS FOR USE BY PRIVATE NON PROFIT GROUPS
REDUCED FARES
CAPITAL AND OPERATING ASSISTANCE GRANTS

SOURCE.—"Federal Responsibility to the Elderly," Select Committee on Aging print (Pub. No. 95–167), January, 1979.

one another, with little coordination or even inventorying of effort. Some observers have charged that the multiple locations not only lead to lack of management and direction, but help insulate the units from accountability. For example, the research program of the National Institute on Aging is congressionally mandated to undertake behavioral and social science research. Critics have charged that efforts in this area are minimal and narrowly restricted to highly quantitative, proposition-based sociological research. Multiple organizational foci add up to a great deal of expenditure in research, education, and training but no sense of priority or mission, and little understanding of its impact in solving problems of the elderly.

The largest programs affecting the elderly provide income benefits and finance health care. The major income programs, Old Age Survivors Insurance (OASI) and Supplemental Security Income (SSI), are administered by the Social Security Administration (SSA) in the Department of Health and Human Services (HHS). The health financing programs, Medicare and Medicaid, are administered by the Health Care Financing Administration (HCFA) in HHS. All but Medicaid, which is a federal-state program, are federally administered programs. In dollar proportions these programs amount to about 95% of all expenditures for the elderly.

SSA administration of the two income support programs presents interesting contrasts. In the early years (before 1953) SSA had welfare responsibilities but took great pains to make distinctions between OASI and welfare, a position that has been maintained consistently. The insurance-annuity argument underlying OASI may have had its fiscal limitations, but worker contributions to the Trust Fund provided evidence that beneficiaries had a right to their contributions. Benefits are related to wages, and the program is national in scope, universal, and compulsory for retirement and survivors benefits. Compared to the administrative task of other agencies, OASI is relatively easy, requiring limited discretion because the law spells out the benefits in considerable detail. Since the applicant is entitled by right, field workers are not adversaries. Martha Derthick concludes that because the administrative organization monopolized information about rules and about the applicant's relating to the system, the employee typically was in a position of helping the applicant to secure the benefits that were due. SSA staff did not have to solicit or evaluate applicant information, conditions that make the agency vulnerable to fraud and generate hostility.[31] This changed with SSI, since SSA was faced with the responsibility of developing policies and supportive administrative practices for a needs-based clientele, with a legislative right to benefits for which they made no contribution. Beryl Radin's study of SSI implementation concluded that the change in focus drew SSA into more complex relationships with a new welfare clientele, as well as with state and local welfare bureaucracies

which had previously dealt with poor clients, raising enormous questions of complexity that went beyond SSA's initial focus on mounting a "clear system" of payments. [32] In the early years there were numerous reports of errors in determination of eligibility or in payments, overpayments, and confusion over the rules. While time has eased some of these problems, it is clear that the combined administration has raised problems given the difference in the program.

SSA is one of the very largest direct line operations of the Federal government. It has about 90,000 employees and some 1,300 district offices. This operation accounts for over two-thirds of HHS employees and about one-fourth of all federal government expenditures. While combined administration of SSI and OASI leads to some confusion about their differences, the logic of joint administration is suggested by former Commissioner Robert Ball. SSI is theoretically meant to supplement those on OASI, since 70 percent of elderly recipients and 33 percent of disabled recipients of SSI receive OASI benefits. He argues it would be inefficient to set up a whole new Federal agency or to have states deal generally with the same individuals. Because the overlap is likely to grow, the SSA computer system and nationwide network of offices appear to be most efficient. [33] Ball's discussion of the issue, however, does not mention that at the national level the two programs are administered in separate units.

Another issue relating to Social Security structure is merger into the general federal budget. Until fiscal year 1969, Social Security financial transactions were kept separate from general revenues and expenditures. Since that time Social Security has been merged into the "administrative budget." The move, according to Derthick, was made to increase high level executive control over OASI and other trust funds, such as highways, to control costs and make an outside assessment of possible surpluses or deficits. [34] The move, according to Ball, is leading to confusion about just how separate from other programs Social Security really is. Recommendations to change benefit provisions that are unacceptable in terms of social security policy are often made by the executive branch solely to conform to short-term budget policy. He suggests that separation is essential to the long term stability of the program. [35] Ball has been one of several to propose an organizational change to preserve this stability by transferring administration to a separate government corporation or board. This move would not only develop independence, but would give this large program the prominence it deserves, and would add significantly to the "trustee character of social security as a retirement and group insurance plan." [36]

The large federal health financing programs are now administered by Health Care Financing Administration (HCFA), a new unit created in 1977 by removing Medicare from SSA and Medicaid from the phased out Social and Rehabilitation Ser-

vice. HCFA originally treated the two programs as separate entities but they were later joined into a unified administration with functional subunits. Concern over health financing has not necessarily been over structural problems but over the adequacy of Medicare payments to senior citizens, and coping with soaring program costs. [37] Both health financing programs are caught up in highly technical politics of provider payments. [38] The federal government has not elected to mount a large bureauracy like SSA, but has engaged in "contract federalism" to pay providers. HCFA contracts with certain "intermediaries" (such as Blue Cross) to handle payments to hospitals. It enters into agreements with insurance companies or "carriers" (such as Blue Shield) to administer payments to physicians. Leonard Robins and Frank Thompson conclude that the system provides much more protection for the providers than the government or the clients.[39] Thus, health care financing is administered quite differently from SSA programs, through "intermediaries" and "carriers" instead of a district structure. Client access and redress thus must employ at least a two step process, first to the administering agency and then to government administration.

The separation of health financing from income support/benefit programs raises questions of structure. The original purpose of health financing was either as an income supplement or a hedge against major income loss due to substantial health care expenditures. Has a system been created that makes sense from the standpoint of administration, but has lost sight of the basic fact that both income benefit and health financing programs are income support programs?

Pension programs and retirement systems are among the largest yet least known operating programs for the elderly. When Congress enacted the Employee Retirement Income Security Act (ERISA) in 1974 to protect private pensions, it created a federally operated pension plan termination insurance program for employees participating in defined benefit pension plans. But in addition, millions of people are participants in unprotected state and local government teachers and public employee plans. The actuarial soundness of many of these programs are now being questioned. These plans have operated without a great deal of fiscal or regulatory oversight. When combined with OASI, military and veterans pensions, Railroad Retirement, and Federal Employee Retirement, private and state and local government pension plans present a patchwork of programs, presenting another coherence problem. The present state of the economy, and attendant uncertainties in future tax and government spending policies, as well as the effect of inflation on pensions, all suggest that careful attention and oversight will have to be given to the structure and operation of pension programs.

One focused piece of legislation for seniors, that has received much attention, is the Older Americans Act. The Act

has gone through several amendments, basically pursuing similar objectives relating to adequate income, access to health care, suitable housing, restorative institutional care, employment opportunity, retirement dignity, meaningful cultural and civic activity, efficient community services, functional independence, and immediate benefit from research knowledge.[40] Recognizing the existing and scattered federal presence in senior affairs, a separate agency was established as a focal point and promoter of the purposes of the Act, as well as its implementor. This agency, of course, is the Administration on Aging (AoA), now operating within the Office of Human Development Services component of HHS.

AoA's mission has changed in regard to state and substate units as the Older Americans Act has been changed. Its basic federal mission goes beyond oversight of state and local units:

- o serving as an advocate of the elderly within HHS and other federal agencies;
- o assuring coordination of federal programs and activities for the aging;
- o developing basic policies and priorities for activities prescribed by the Older Americans Act;
- o developing research and education programs in aging;
- o administering grants authorized by the Older Americans Act; and
- o gathering aging statistics and serving as an information clearinghouse for information on problems of aging.[41]

AoA reports its long-term goals to be: to increase the number of older persons who receive needed services; to increase federal resources used to serve older persons; to modify public and private policies to promote achievement of the ten objectives in the Older Americans Act; and, to promote increased involvement of all age groups in helping to solve the problems of older Americans.[42]

A federal advisory body, the Federal Council of Aging, was created with the 1973 amendments to the Older Americans Act. The Council, composed of fifteen prominent Americans appointed by the President, advises the President, HHS Secretary and the Commissioner on Aging. Its functions include: review of special needs of older Americans; appraisal of personnel needs; review of federal policies, making recommendations for federal policy changes; and providing various public information functions.[43] While the Council's role is advisory, it does conduct special project activities and contracts out research

activities. In particular, the Council has been mandated by the 1978 amendments to the Older Americans Act to conduct a thorough evaluation and study of OAA programs. The Council has been active in making recommendations in many other areas, including such concerns of national policy development as development of resources from other programs, inter-agency agreements and cross-cutting program development. [44]

Coordination and interagency involvement at the federal level is emerging in pieces. AoA has developed 28 working agreements with other Federal Departments and Agencies. The agreements tended to be understandings in principle, but AoA reports that over time an increasing number have yielded tangible results. For example, AoA claims older people are getting a larger share of jobs and services under CETA due to an agreement with the Labor Department. Similarly, older people will get more services from some 1,500 public health clinics and hospitals as a result of an AoA agreement with PHS. Finally, disabled older people in small towns and rural areas are supposed to provide improved opportunities for sheltered housing as a result of an AoA agreement with the Farmers Home Administration in the Agriculture Department. [45] To the extent that agreements like these can be brokered, the goal of increasing federal resources and services is being met.

Overall aging policy development, however, a federal government role and AoA mission, is generally agreed to be less successful. A joint study team, represented by the Federal Council on Aging, AoA and the Office of the Assistant Secretary for Planning and Evaluation of HHS, concluded that "AoA cannot demonstrate effective performance in national policy development, or issues advocacy to the satisfaction of its constituents." [46] The "constituency" referred to a number of vocal state and area agencies, national voluntary organizations and members of Congress. The study found that AoA lacks a consistent, active process by which to select topics for policy development and issues advocacy, and lacks sufficient staff and organizational capacity to carry it off. The study concluded that AoA is unlikely to achieve measurable progress in meeting policy development objectives without major changes in staffing, organization and management approach. [47]

The study also suggested that AoA legislation and location creates conflicts that make this mission difficult.

> In some instances, a visible advocate in aging must be prepared to take public policy positions opposing the Department's policy (a situation placing the Commissioner in conflict with his boss). In other instances, a visible advocate must criticize the policies and programs on aging created and financed by AoA (a situation placing AoA in conflict with itself)....some observers believe that AoA's placement within the Department is a serious barrier

> hindering effective performance in policy development and issues advocacy. The intended scope of the function is also uncertain: should AoA focus on all relevant public policies affecting the elderly, only on service policies, or on those service policies relating to its Title III subprogram objectives. [48]

The study concludes that the greatest inherent problem is that the Older Americans Act defines the public policy and issues advocacy function in process terms, while AoA's constituent groups and some members of Congress demand greater levels of effectiveness and visibility.

The desire for greater policy effectiveness was reflected in the 1978 Amendments to the Older Americans Act. Among other provisions, the act provided for: new long-term demonstration authority; coordination and oversight authority over Federal programs for the aging; policy focus for providing a continuum of care for the vulnerable elderly; demonstration of coordinated and integrated services for aged, blind and handicapped; and establishment of community focal points for the aged. [49] The 1978 changes represent a shift toward increased management of coordinated systems for the elderly, with a focus on those most in need.

Issues and concerns of nursing home services and regulations provide a final example of how the problems of policy affect issues of structure. Most observers feel that divided programs and jurisdictions combine to provide highly unsatisfactory results: too many unnecessary admissions, poor care, expensive care, lack of protection of clients, and lack of control over operators. The provisions and restrictions of several different federal health financing, income maintenance, and social services programs essentially determine existing polar options for the frail elderly: nursing home care with considerable program support or home maintenance with almost no support. Policy changes have been recommended such as increased Medicare options for non-institutional care, elimination of incentives to institutionalization in Medicaid, provision of financial incentives for those who are willing to care for older persons in their home, provision of federally supported volunteer and employment programs for the elderly to provide additional services for the homebound elderly, and development of federal policies that encourage the establishment of and reimbursement for individual needs assessment and case management. These substantive changes are only part of the problem. Many of the federal programs relating to the frail elderly such as Medicaid and Title XX are further defined at the state level. Also, a web of federal and state regulations governing funding eligibility, certification and licensure govern the operation of nursing homes. Many regulatory changes must either come on a state by state basis, or by altering federal program standards. Thus, nursing home problems are primarily those of fundamental policy, that develop rela-

tionships between government, a regulated enterprise, and ultimately the residents of such homes.

The changes, coupled with the findings of the Joint study, suggest some conclusions about the federal government presence in general and the AoA model in particular.

First, it is clear that Congress and advocates are not satisfied with policy direction thus far. Put another way, the spending patterns--fragmented services for all elderly--show a lack of coherence for those most in need.

Second, the need to work out coordinated efforts must be developed at the "highest" national policy levels as well as at the "lowest" community level. It is becoming increasingly apparent that it is nearly impossible to give state and sub-state governments fragmented policies to work with and then legislate coordinated delivery of services under those programs. While a great deal of attention has been given to how to develop coordination at the point of delivery, and the bureaucratic structures of coordination, all too little focus has been placed on how policy can be coordinated and integrated. Policy development can occur at all levels, but most human service administrators believe the fundamental changes must come at the federal level. [50]

Third, the AoA model of promoting aging policies is not a substitute for a comprehensive program of policy development and management. That process requires full and equal participation of the policy-makers and managers. AoA, as an advocacy agency within HHS, both creates potential for conflict of interest and lacks the forcefulness required to create this role. Perhaps it cannot both be a services delivery operation and focal point or policy leadership agency. The AoA model may have to be reconsidered at the national level.

Opportunities for administrative change at the national government level must begin with the fragmented policy-making structures, and at the agency level, there must be a commitment to reducing the barriers to coherence. How can this be done? It will be difficult, but the process can begin immediately by identifying the key issues and most pressing problems and fostering a course of action.

An example of this direction is with the long-term care demonstration projects; a $20.5 million joint agency effort toward the functionally impaired. A course of action--channelling agencies that will have primary responsibility for overseeing the client--is being developed. It is not clear whether the channelling demonstrations will work but this type of problem-solution is where the federal government must begin. In other words, instead of continuing concern over vague mandates to coordinate, the turf protection of agencies and programs, and the creation of paper systems of integrated services that

are unworkable, AoA and other federal actors could begin to take leadership on a problem-by-problem basis.

The problems should be the most pressing policy issues. In each case the key actors could begin by focusing on the most important contributors to that particular problem, and identification of possible solutions to that problem. If success is achieved in one problem area, new problems could be tried, one-by-one. These efforts should demonstrate more about policy issues, which in turn can lead to increased changes, should Congress and the agency leadership be willing.

Several possible organizational changes can be identified as potential contributors to federal government aging problems. First, and perhaps most far reaching, would be the creation of a single federal agency that housed the major programs dealing with the elderly. Such a reorganization, into a federal "department of aging" would not necessarily assume broad policy changes but could provide a focal point and a locus of bureaucratic strength for the existing fabric of programs: Social Security, SSI, Medicare, the Older Americans Act, as well as smaller programs targeted to the elderly. Separate operation of the Social Security program from HHS was identified as a goal of some. However, the strength of a major federal aging unit would seem to rest on having it administer the two largest programs dealing with the elderly, OASI and Medicare. Also, some observers feel these programs need greater degrees of political and generalist control. Derthick argues that these programs should cease being treated as if they were non-government programs, as a sort of insurance program.[51] Placement of these "insurance" programs in a strong executive department makes sense. A single department may provide a greater opportunity to give greater attention to sorting out the ambiguities in legislative intent and program implementation, as well as a sense of priority, for the Older Americans Act. The leadership of such a department may be in a better position to develop coherent national policy. Several additional advantages of a single administrative unit speak to the problems of the Older Americans Act itself: it would provide more powerful access to citizens and interest groups, national advocacy functions would be strengthened, and the opportunity for interprogram cooperation would be enhanced.

Second, a more modest proposal that has, from time to time, been considered is placing AoA and perhaps other program units that primarily deal with the elderly in the Social Security Administration. This type of arrangement would group special programs for the elderly with the largest administrative unit dealing with the elderly. Unified administration would not only provide an opportunity for program consolidation and coordination at the federal level, but would offer greater opportunity for the variety of aging programs to be administered through the existing structure of SSA

district and field offices. This type of reorganization may also afford a greater opportunity for the type of sorting out of priorities and legislative intent mentioned above, and, provide greater organizational prominence to smaller aging programs by blending them with larger ones.

Third, a less far reaching but important structural change may be a change in the location of the Administration on Aging. Many people feel that its location within the Office of Human Development Services, within HHS, buries it at a third level where effective access, particularly to the White House, is difficult if not impossible. The weakness of access argument is raised most strongly in relation to AoA's role as an advocate because its bureaucratic position makes it difficult to challenge positions made in other parts of HHS. Others feel that location of the agency is less significant than matters of administrative responsibility and policy. AoA has no administrative control over the more important programs dealing with the elderly and its own problems are with the basic expectations of the Older Americans Act. These are more fundamental issues than that of location within a federal department.

Fourth, an option short of administrative reorganization may be the creation of a sort of "Aging Policy Council," made up of key sub-cabinet officials who have major program responsibility for the elderly. These officials could serve as a policy development body to forge out major intra-agency and inter-agency policy directions. A policy council could operate through special task forces, such as income maintenance, health care, long-term care, maintenance of the elderly in their homes. They would be made up of program heads and their research staff. The role of the task forces would be to research options and propose solutions to the "Policy Council," which would decide on courses of action for implementing existing policies as well as to propose program changes to the Cabinet and to the Congress. Sub-cabinet policy bodies like these have a history of not working well because of vague agendas, poor high-level support, and low attendance by the principals. However, there have been instances of success with this type of body at the federal level in terms of severe crisis, and at the state level when the agenda is specific or focused, when there is chief executive support and reinforcement, and the participation is by the relevant actors.

Fifth, Committee hearings indicated that people in the aging field deal with much administrative ambiguity as well as policy ambiguity. Mention was made of broad and ill defined objectives in federal programs, specific actions required by regulations (e.g., needs assessment, plan of coordination, evaluation), vague definitions (frail elderly, home bound), and ill defined target populations, types of services and administrative structures. General mention was made of the entire intergovernmental administrative chain: federal agen-

cies in Washington, federal regional office staffs, state agencies, AAA's, local governments, service providers, and contractors. There was concern and confusion about the role of each, and how they were to fit together. Specific mention was most frequent concerning the role of federal regional office staff. Was there a role for them in most programs and and were these functions necessary? Differing regional office interpretation of regulations and guidelines and different treatment of states within regions were also mentioned. One or two persons suggested that this intermediary role was not even necessary. At any rate, the need for greater structural clarity was raised as an important opportunity for change within the existing system, including clarification of objectives, authority and responsibilities of federal agents as they relate to other actors in the chain of implementation in aging programs.

B. State Government

The states play a pivotal role regarding the elderly. While a great deal of attention is paid to federal programs and federal efforts, a great deal of the action, or potential for action, occurs at the state level.

First, states play a key role in defining and implementing many pieces of federal legislation affecting the elderly. Although some programs in health financing and income maintenance are nationally administered, many of the other federal programs are state administered, supervised or regulated.

Second, state units on aging are the linchpins for activities under the Older Americans Act within the state. While the parameters of activity are set nationally, there is considerable room for state definition of how these national aims are to be met.

Third, states themselves can take actions on behalf of the elderly which are independent of federal-state legislation. Indeed, many states have enacted their own regulatory and service programs, such as: public utility assistance, nursing home bills of rights, protective services, housing, catastrophic health care, part-time employment, pharmaceutical assistance, education, and age-discrimination. [52]

Fourth, while the federal government does indeed set a certain tone through program requirements, state opportunities remain for innovative developments in implementing both state and federal programs within a state's own planning and services delivery modes. Indeed, several states appear exemplary in this respect.

The ability of state government to define and shape federal-state programs affecting the elderly has been a matter of considerable dispute. Programs like Title XX, Medicaid,

nutrition, transportation, and other human service programs, as well as general revenue sharing, are supposed to present opportunities for states to shape thier programs to purposes. From the standpoint of the elderly, this means not only leveraging services for the elderly, but providing opportunities at the policy development stage to include an adequate share of resources. However, the charge that has always been leveled is that federal requirements make flexible planning difficult. For example, in a now well known study, Ties That Bind, a group of state and local officials in the Pacific Northwest reported federal barriers to creative and comprehensive planning to be: (1) generic compliance requirements; (2) categorical eligibility and services specifications; (3) organizational and structural requirements; (4) geographic districting requirements; (5) advisory group requirements; (6) federal funding rules; (7) limited elected official roles/ sign-off regulations; (8) out of sequence application times; (9) difficulties in anticipating federal resources; and, (10) difficulties in locating federal responsibilities. [53] The problem, concluded the study, is that state "plans" serve the purpose of acquiring federal and state categorical monies, catering to Congressional and Federal agency wishes, rather than locally based needs and priorities. [54]

The issue has been recognized by the federal government itself. For example, HEW's participation in the Zero Based Review of Federal Planning Requirements concluded that the HHS should not "postulate a single planning system or planning process at either the program or jurisdictional level." [55] The report also suggests that the federal posture should assure accountability for the use of federal funds while minimizing road blocks to developing a workable planning system as well as assisting jurisdictions in the development of such systems. Several other studies have indicated similar state difficulties and have proposed similar solutions for flexibility. [56]

The question remains as to how much opportunity the states have under the existing, nationally driven, categorical system. Most states still expend considerable amounts of human services funds, and they appear to show great differences in the way they are spent. The gross indicators suggest wide variability. For example, nursing home beds per 1,000 over 65 years range from 39 in Alabama to 99 in Minnesota. In 1978, the amount per $1,000 of personal income spent on state and local public welfare activities ranged from $8.80 in Arizona to $42.73 in New York. The amount per $1,000 of personal income spent on state and local health and hospital activities ranged from $28.53 in Georgia to $7.50 in North Dakota. [57]

Benjamin and associates studied state policy variations for the elderly and compared these policy measurements with variations in state children's policy. They found considerable state policy differences among both and concluded that state

performance seems to reflect a broader range of constraints on government generally in the state and its human services programs, particularly those dealing with vulnerable populations. [58] The wide range of target populations served, programs funded and services provided under Title XX, show vast state variations. Medicaid eligibility is set by the states and shows a range from non-participation (Arizona) to practically all persons approaching the poverty line. State postures toward the elderly also show considerable variations. [59] Donald McCartney's overview of studies of state unit performance, for example, indicated state performance in policy advocacy, service system development, planning and evaluation to vary considerably from state to state. Some states employ highly developed programs in each of these activities, whereas others virtually ignore one or more of these functions. Most states surveyed by the studies fell somewhere between engaging in most of these activities, but to widely varying degrees. [60]

State development of a system of services for the elderly must begin with the state units. Under the Older Americans Act state units have four basic functions: developing and administering the state plan; responsibility for coordinating all state activities under the Act; serving as an advocate for all older persons; and assisting area agencies in the development of comprehensive and coordinated service delivery systems. There are 57 state and other U.S. jurisdictions which have state units on aging. They are organized under three basic types of auspices: as free standing agencies of government, but not of cabinet status (22); as cabinet-level agencies (6); and as a component of an umbrella or comprehensive human services department (29). State plan requirements, while paying some attention to identifying broad state objectives, are primarily directed toward meeting federal requirements. [61]

The issue of state unit leadership was of great concern to the Committee. It agreed that too many state units feel constrained to take a limited view of their role, primarily focusing on meeting of federal planning requirements. It was also noted that if a state unit does take on this limited role, it rarely takes on the critical policy leadership/advocacy functions or real development of coordinated service delivery systems. Of course, this is not true of every state unit. For example, an independent study of the State of Washington Bureau of Aging found that unit to be quite successful at proposing new policy and program directions such as residential pre-placement screening, creative coordination of such state level programs as Title XX chore services, and for providing the capacity-building and technical assistance in developing service networks at the Area Agency level. [62] The Washington unit has also been active in proposing state and substate regional changes, such as in the development of home care. These moves go beyond basic Older Americans Act expectations, providing more effective and efficient service for the elderly.

Another example of leadership development is the plan of work identified by the Indiana Commission on Aging and Aged to create a more balanced long-term care system, consisting of both community and institutional services: developing linkages among state plans for Title XIX and Title XX of the Social Security Act and Title III of the Older Americans Act; impacting policy decisions at the state level regarding Title XIX; impacting state level decisions regarding licensure and certification requirements; impacting state comprehensive health plans, particularly providing input on certificate of need policies and analyzing existing health systems; impacting state policies in order to protect the rights of institutionalized older persons through the long term care ombudsman program and policy linkages with other state agencies; developing policies with other state agencies to facilitate a range of alternative living arrangements; providing information and technical assistance on the development of community-based longterm care systems; developing procedures which will facilitate program coordination at the service delivery level; and, developing definitions for services and minimum standards for each service which can be used for all programs providing long term care. [63]

The Committee concluded that this type of leadership action should be encouraged, i.e., state units should go beyond their legal mandates, using their designated structural positions and political leverage as the focused state units for the elderly. Thus, there is opportunity for state agencies to break out of their compliance mode and be creative in regard to aging policy and administration. A number of related steps can be suggested.

First, a state may wish to undertake a meaningful policy development process. That is, the relevant program and fiscal specialists, as well as key legislative and executive branch officials, must sit down and assess the present status of aging in the state, look at needs and priorities and foster a course of action. This course of action, or operating policy, would indicate general directions for state efforts across programs. It is essential that all state programs relating to the elderly would be potentially considered as part of this aging policy process, not just those under the Older Americans Act. In other words, state policy adoption would encompass the choices made by state officials, wherever possible steering federal programs toward state aims, in terms of its goals and objectives for older Americans.

Second, once a course of action is decided upon, it must be "put into place" within the state system. That is, these decisions have to mesh with the institutionalized means of state government as an alternative to (or in concert with) the process of meeting federal requirements. A number of steps could be taken. Substantive and fiscal changes need to be put into legislative priorities and programs. [64] Annual review and implementation of aging policies would have

to be consistent with state planning cycles. Planning, of course, would have to be related to the state budgeting cycle; an issue that has been problemmatical if federal planning requirements are the only ones that are followed. And it may be necessary to develop separate senior citizen plans and combined budgets for senior programs, or a combined effort, as a spin-off of the other processes. Such processes would afford state officials the opportunity to "cross-walk" program directions and dollars, merging all state efforts toward seniors into singular documents.

Third, and perhaps most important, newfound policy efforts would allow states to develop the framework for support systems for the elderly. To be sure, system development is required by the Older Americans Act. But the Older Americans Act is necessarily reactive to development of supports based on federal programs. [65] An assertive state effort toward developing the essential framework of a state system must include state programs and must take state historical and political differences into place. In order to successfully transcend federal requirements, the states will have to shape their own support systems.

The Council of State Governments, in a publication entitled, Older Americans: Issues in State Services, has developed a model state program development act, encompassing a list of basic and support services for the elderly, as well as a model system. The model system is based on a direct case management "brokerage" concept, decentralized into various community locales to act as a catalyst for planning, securing and orchestrating the various elements of the community support system, operating independently of existing agencies. State and regional roles are also delineated. [66] While this type of plan may not be suitable to conditions in every state, it illustrates how a state can take efforts to support the development of systems.

State actors must also understand and incorporate the critical role of the private sector in development of policies for the elderly. The private sector includes private industry and non-public service providers. The role goes well beyond the usual and important regulatory role to include meaningful involvement in development of program inplementation. The process may begin with involving representatives of the private sector in the process of setting a course of action. As public programs have grown, private sector representatives find that if they are only involved in making decisions regarding the small programs and funds over which the private sector has exclusive province, they can affect virtually nothing. They want to spend their time and effort on more significant issues. Of course, the private non-human service delivery sector can also play a role in positive programs for the elderly, ranging from forms of employment to critical support and technical assistance roles, such as community development and job training. This type of systematic, state promoted involvement

could move the non-government sector away from regulatory responses to positive efforts in a partnership with the public sector. The future of public management is likely to portend a greater interdependence between public and private sectors. The interdependence in the aging area is clear. States can play important roles in this continuing development.

Finally, the importance of political support for structural change must be noted. Any type of change in state government effort toward the elderly, whether it is in the direction of leadership in policy development, coordination, or increased funding will depend on the political situation. Innovative managerial processes and techniques and strong program management can only work in an atmosphere of political support. A recent study of the Partnership Grants Program, an HEW effort to improve state and local government capacities in planning and management offers the following lessons: the role of the chief executive or chief administrative officials can be a major deterrent or support in institutional reform efforts; the role of other key actors in the human services is essential in carrying out institutional reform projects; the location and responsibility for the project design and implementation can be a major factor in conducting successful institutional reform projects; approaches and strategies must be carefully tailored to fit the nature of the political climate; staff political skills are often more related to success than management or technical skills; and, a larger scale project can be a major factor in generating commitment to change, but smaller ones often produce valuable reforms. [67]

C. Substate Areas and Local Governments

The substate and local levels are where high expectations are placed on putting together coherent efforts toward the elderly, it is where the fragmentation and associated problems are most evident. National policy and state capacities place structural obstacles in front of local capacities to engage in comprehensive programs for the elderly. The substate and local levels are highly confused: it is where federal and state programs are supposed to combine with local public and private program administration to meet the client. The results are as varied as are the responses.

Local governments and local private agencies were once the pre-eminent actors in human services delivery. Until the shift in national government responsibilities during the New Deal of the 1930's, social welfare was considered to be a basic state responsibility, which by tradition going back several centuries, was given to the local level. The poor economic conditions of the 1920's and 1930's brought on the need for assistance to the "non-poor," including the elderly, who had participated in the work force, for the first time. Some state and local governments were responsive, providing important social program laboratories. But many units chose

to ignore the widespread economic problems, bringing on successful lobbying attempts at a national program effort. The Social Security Act and several other pieces of legislation brought on the beginning of the federal-state partnership, in effect nationalizing many local programs. In addition to the federal-state administration of many programs, the SSA "local" intake system through its offices has provided a national overlay on the substate and local delivery system, adding further fragmentation.

The past five decades have largely reinforced this pattern, encompassing hundreds of federal programs that are administered by states but delivered through substate governments, local governments and private agencies, making the human services agencies an increasingly federal one. [68]

States also became more active in the human services in the 1960's and 1970's. During this period, and often with a degree of prodding from the federal government, states began to fill in programs not initially covered by federal programs. States were particularly active in mounting programs in community mental health, developmental disabilities, alcholism, drug abuse, youth services, children's services and public health. Of course, some states mounted aging programs in advance of the federal effort. Again, these state programs were administered either through state units at the substate level, through local government, or through private agencies.

The strategy of devolution has meant that, while the agendas may be federal and state, problems of service delivery, including management services, have been local. The result of this steady march of state and federal programs is a patchwork of planning agencies and providers in the governmental and non-governmental sectors. Clearly, the essence of governmental structures at the substate level is confusion, overlap, and disarray, leading to extreme difficulties in linkage, coordination and integration. Indeed, it is inaccurate to talk about government and the private sector at this level. In truth, there are several types of governments, including "quasi-governments" set up to operate government programs under federal and state legislation, planning and coordinating councils or units, set up by local governments to deal with the rest of the confusion, and a variety of non-government agencies and practitioners that like to think of themselves as "private" but increasingly depend on public programs. One can find, within the geographical box of substate governments, programs and responsibilities operating under one or more of the following auspices:

1. Several units of local general purpose governments, i.e., cities, counties, towns, townships.

2. Special purpose local governments, i.e., school districts, mental health districts, transportation dis-

tricts, special education districts, sanitary districts, water districts, etc.

3. Direct federal program operations, i.e., Social Security Administration Offices, Veteran's Administration Offices, etc.

4. Direct state program operations, i.e., substate units of state public assistance, rehabilitation, employment security, mental health, and other agencies.

5. Regional units of umbrella human service departments where substate functions are combined.

6. Regional quasi-governments--special purpose planning-program agencies, i.e., Area Agencies on Aging, Health Systems Agencies, CETA consortia, (formerly) Law Enforcement Assistance Agencies, Regional Housing Authorities, etc.

7. Regional general purpose agencies, i.e., councils of governments, regional planning agencies, and regional development districts.

8. Voluntary service delivery agencies, i.e., family service association, Salvation Army, Catholic activities, mental health associations, homes for the aged, nutrition programs, senior centers, etc.

9. Proprietary agencies, i.e., nursing homes, home health care agencies, group and sheltered homes.

10. Solo practitioners or group practices, i.e., medical, nursing, social work, and psychology.

Not only is the existence of these agencies confusing but the patterns of contact are often confusing as well. For example, the national government has direct contacts with some substate units whereas the role is more indirect, through states in other areas. Local general purpose governments play key roles in some programs, whereas they are essentially bypassed in others. This situation obviously makes attempts to engage in goal setting or policy development, problematic for the aging or any other group.

The confusion has left the original providers of human services, local general purpose governments, with a varied landscape. Counties are quite significant in the sixteen "county administered" welfare states. Not only do they have strong welfare responsibilities, including medical assistance and food stamps, but the county orientation usually carries with it considerable other human services responsibilities in public health and personal social services. Many of these states have recently strengthened county roles by passing legislation enab-

ling them to consolidate programs and do broad ranged planning and management. In states where state governments have taken over most programs the role is more uneven, from substantial to a few residential programs. A survey of county roles in the County Year Book identified four out of five counties with some welfare responsibilities, 75 percent administering public health and medical assistance, 60 percent administering mental health programs, and 276 counties were individual or consortium CETA prime sponsors.

Cities defy easy characterization even more. In some states cities actually perform county functions and therefore parallel county roles, but in most cases cities have a mixed role. Also, the larger the city the more likely it is to perform multiple human services functions. A recent U.S. Conference of Mayors survey revealed cities over 50,000 in population are most likely to have some involvement in thirteen general service areas: aging, consumer protection, counseling, day care, drug and alcohol abuse, health, income maintenance, information and referral/outreach, income services, manpower, nutrition, recreation, and youth. [69]

The linking mechanisms at the substate level in the aging field are designated in the Older Americans Act as Area Agencies on Aging (AAA). Established under the 1973 Amendments, a total national network was to be set up, charged with establishing a comprehensive and coordinated system of services to meet the needs of older persons. The major national link with AAA's is through state agencies by way of state plans, which must delineate specific substate planning and service responsibilities, and the supervision of AAA execution of them. [70] At present, 586 AAA"s have been designated by state units, operating under different formats:

13 states and other jurisdictions are single planning and service area states

6 states designate only private, non-profit agencies

5 states designate only councils of government

1 state designates only public agencies

3 states designate only development districts

29 states use a mixture of auspices.

The responsibilities designated under area plans provide a illustrative list of expectations concerning AAAs. Plans must provide for the "development of a comprehensive and coordinated service delivery system for social and nutrition services needed by older persons in the service area in which the area agency enters into cooperative arrangements with other service planners and providers...." [71] Specific ex-

pectations include demonstration of the ability to: facilitate access to and utilization of existing services; development of nutrition services; fund such service components as access services, community services (e.g., congregate meals, legal services, day care, protective services); construct multipurpose senior centers; develop services provided in the home; and, develop support services for residents of care providing facilities. Several related area plan regulations require the development of linkages and coordination with other programs in order to accomplish this task.[72]

Given the extreme fragmentation of policy administering agencies and divided responsibilities of units of government, one might expect that the task of creating a working network for the aging is problematical. The evidence suggests that indeed, some AAA's are successful in networking, but a greater number have extreme difficulty in meeting these expectations. The joint national study of AoA programs concluded, that from a national management standpoint, local system development is hampered by the lack of outcome-oriented objectives for system development and the absence of priorities for progress toward program objectives or toward intermediate results likely to contribute to appropriate outcomes.[73] McCartney's summary of studies of the effectiveness of AAA's in pursuing service system development suggested the following conclusions: local agencies found little latitude in formulating and implementing objectives; services of other agencies that were leveraged tended to be based on availability more than need; success in obtaining funds by AAA's has been greater from federal and state sources than from local sources; efforts to coordinate services were increasing over time, but few impact measurements are available; nearly 90% of AAA direct services dollars are contracted out; and, almost no assessment has been made of AAA efforts in evaluation, quality control and the monitoring of standards.[74] Estes has concluded that these mixed results indicate there has been greater emphasis placed on the bureaucratic aspects of coordination than on problems of service the elderly.[75]

The substate role in advocacy of programs for senior citizens also presents a complex of problems. Under the Older Americans Act, AAAs are given specific responsibilities at the local level in organizing the various interests and advocating for the elderly and elderly programs. In addition, local units are to ensure the provision of services to all older persons, regardless of social and economic need. It also requires that preference be given to those with the greatest economic or social needs, such as developing a continuum of care for the vulnerable elderly. The policy of encouraging priority for the vulnerable elderly, yet advocating and ensuring services for all elderly, has been found to create considerable conflict among constituency groups. Each special aging population subgroup has its advocates who believe that aging agencies fail to achieve the proper level of client-group targeting.[76]

Moreover, research has indicated that local advocates and planners do not speak with a single voice, either in terms of national goals or local priorities. For example, Kasschau's study of local aging leaders (planners, advocates, elected officials, service providers) concluded that the "context of decision-making" is fragmented, as are decision-makers planning orientations. They held incompatable beliefs and entertained discordant perceptions. [77] Similarly, Estes found that most local planners define the problem of aging on the basis of their own individual experiences with the elderly. This aspect of the planners belief system, she says, "appears congruent with a perspective that demeans the validity of the client's definition of the situation." [78] Planners see little gain in involving the elderly in defining and solving problems.

V. GENERAL ISSUES OF GOVERNMENT STRUCTURE

Certain issues of changing government structure appear to be relevant to all levels of government. They include centralization/decentralization, advisory structures, advocacy, and means of citizen accountability.

A. Centralization versus Decentralization

The recent history of efforts to decentralize suggest that its aims are often difficult to achieve. Generally, decentralization of public programs allows for differential application in a system that emphasizes a geographic base of organizing and restores some of the local, democratic control that has been removed by centralization. The most important aging programs, Medicare and Social Security, are highly centralized, nationally organized programs. There seems to be little controversy over this arrangement. Other programs that have state or substate participation, have greater degrees of decentralization. All national programs, however, place basic expectations and funding conditions on sub-national administrative units. Advocates of decentralization argue that the national government places unrealistic expectations and work burdens on those who have to administer their programs. They want more autonomy to organize programs according to state and local customs and traditions.

It appears that both in the case of network development and client advocacy, AAA's can exercise leadership roles similar to those previously suggested at the state level. Under this type of strategy Area Agencies on Aging would have to take the leadership at the substate level by a variety of actors--local general purpose government elected officials, the private sector, state and federal program administrators located at substate levels--to go beyond federal and state planning requirements in assessing area conditions, establishing priorities, and setting and fostering courses of action.

The role of general purpose governments (GPG's) should also be recognized and strengthened. While roles will obviously vary according to conditions of size, political and social conditions GPG's increasingly find themselves dealing with problems of the elderly that are thrust upon them despite legislated responsibility to other jurisdictions. Large GPG's in particular are able to undertake leadership and focused responsibility for local programs. As the major units of government that affect citizens in regard to the delivery of most local services, they possess greater scale and ability to act on behalf of the elderly than small cities or counties, or quasi-governmental units in their area. Strengthening local governments may include designating cities and counties as AAA's, permitting geographical subcontracts, or giving them increased service delivery responsibility for federal-state programs. In addition, the issue of local option designation by cities and counties, i.e., providing certain sized GPG's the opportunity to decide on their own whether they wish to become AAA's, requires careful study.

Overlaying the general pattern of centralization/decentralization is the particular political emphasis a national administration wants to put on programs. For example, the emphasis of the past few administrations has been on greater decentralization and local decision-making of federal programs, whereas previous administrations attempted to build national programs, keeping much of the decision power in Washington.

Decentralization is often applauded as a means of ensuring greater fairness, in as much as the local citizenry who are affected have a voice in the decision-making and they have the opportunity to shape the program according to local needs and priorities. Critics, on the other hand, argue that evidence on decentralization in human services often means turning programs over to special authorities, who do not, in fact, speak for the citizens but for the providers and special interests. This removes the decision power from both national elected officials and from local elected officials, thus placing interests such as aging interests in a highly autonomous position, almost a closed preserve for specialists and leaders.[79] Officials of general purpose government, i.e., states, cities, and counties, argue that state and local decentralization should occur through their more representative units, not to the fragmented pieces of special units and private agency providers. They suggest that the proper place for administration of programs and citizen input is through bodies that have recognized and regulated means of representation and access.

B. Advisory Structures

Several aging programs have developed bodies to provide input to program officials. Most of the available literature suggests that these bodies were originally created to provide

advice by consumers, citizens and experts on matters of policy and administration. Many advisory structures require that state and local officials be members, in order to provide the perspective of their governments. The problem is, they feel they are affected by but are rarely in control of the program they are advising on. Evidence suggests, however, that advisory bodies are extremely limited in their roles. Derthick's study of Social Security suggested that advisory councils have been regarded as important, that "their deliberations constituted a useful, possibly vital stage in achieving a consensus on major measures." [80] However, she suggested that they were not outsiders who "successfully staked out a role independent of other policymakers." The advisory councils were a means of co-opting, or absorbing new elements into the leadership as a means of averting threats to the stability of the program.

"Leadership, membership, staffing, and definition of the agenda all combined to preclude consideration of alternatives that were in conflict with program maintenance, and to assure recommendations falling within a range that program executives would find acceptable." [81] Similar problems have emerged in regard to state and local advisory groups set up under the Older Americans Act. Two studies found that state unit advisory groups serve as sounding boards of agency recommendations, as liaison agents with legislatures over policies determined by the state unit and as planning groups. [82] Estes has been quite critical of the role of advisory committees, claiming that AoA has thwarted their efforts to become more active in the policy arena. In her view, they do not really advise on policy at all but serve to: legitimize the organization's efforts, share in the public symbols of authority without power, advocate expansion of the organization by petitioning for more resources, and shield the organization from opposition and criticism. [83]

C. Advocacy

The importance of advocating for programs benefiting the elderly is in many ways a result of successes in programming. Advocacy has emanated from a change in government philosophy toward a more activist role in dealing with human problems, along with the varied responses in meeting these needs. The vast complexity of national governmental programming, coupled with a long chain of intergovernmental and non-governmental actors has led to the need to ensure that the elderly receive the benefits and services to which they are entitled. At the national level, formal representation is given to both AoA and the Federal Council on Aging. State units and AAA's are charged with similar responsibilities at their respective levels. Problems of national level advocacy have already been cited in regard to AoA roles. Evidence on state roles suggest that most state units willingly take on this role but their success is uneven. Structural issues are at the heart of the

problem, in as much as barriers to effective advocacy include: legislative prohibitions or discouragement of administrative lobbying; state agency leadership perceptions that lobbying would politicize the program and/or jeopardize careers; lack of expertise in the legislative arena; placement in the administrative arrangements of the state that made the agency ineffective; and perceptions that advocacy is more properly someone else's role. [84] Sub-state responses indicate even greater avoidance of advocacy roles, or it is given low priority. McCartney has suggested that AAA's may avoid policy/issue advocacy because of: feelings of powerlessness to effect change; beliefs that the policies and regulations may be beneficial on a national level, but are just inappropriate to the particular agency; and, higher priority status is given to other, non-policy, advocacy issues. [85]

In a thoughtful paper on advocacy, Douglas Nelson suggests that the simple and straightforward idea of creating an effective advocate for the interests of old people turns out to be neither. The concept is fraught with definitional vagaries and logical ambiguities, particularly the question of what is really meant by "the interests of old people." [86] When all of the various interests and issues that have been advocated in recent years are aggregated, he maintains, they do not add up to a meaningful point of view or set of criteria that reasonably can be said to advance or represent the common public policy interests of persons over 60. The array of interests, programs and social strategies now endorsed are actually antagonistic and mutually subversive, resulting in an increasing paralysis of advocacy. [87] Mr. Nelson, Director of the Wisconsin Bureau of Aging suggests that before a meaningful advocacy can take place, a coherent aging policy must be adopted. He suggests three overarching policy strategies--age irrelevance, a redefinition of aging based on certain disabling or dependent conditions, and aging as an earned privilege or an veteranship--each which have differing policy and advocacy implications. [88]

D. Citizen/Client Accountability

In addition to issues of decentralization, advisory structures, and advocacy, there remains a need to see that individual citizens, in this case elderly citizens, have a viable means of interaction with government for seeking individual redress of grievances. The "bottom line" of accountability is how well our government structures serve people. Binstock has developed a case for the relative general success of aging interests and organizations, without necessarily accruing great success to the most disadvantaged among the aged. [89] The disadvantaged aged are the most vulnerable group, in as much as they ordinarily do not possess the verbal or other skills to make their case. Also, the most vocal aged tend to be persons who have lost income and status they once had; they thus possess the skills to articulate on their own behalfs. Formal efforts

have been taken to ensure that even the most vulnerable elderly are represented, such as ombudsmen, nursing home ombudsmen advocates, and provision of legal assistance. But there is no way of knowing how widespread or how effective these means are.

E. Conclusion

All of the means of devolution of government discussed--decentralization, advisory committees, advocacy, and citizen accountability--are a part of a larger issue that must be faced. The growth of size and scope of government responses to aging has led to an enormous problem of ensuring linkage between citizens and government. The issue is complex and multifaceted. It appears that several appropriate decision or response modes between citizens and government must be developed.

One means suggested in this paper is the "reinvolvement" of political leaders at all levels of policy development concerning the aging. For example, one of Martha Derthick's strongest conclusions in her study of Social Security is that it has become too insulated from politics, i.e., removed from the normal debate on issues, providing it with an immunity to change as political and economic conditions change. She suggests a redirection of representative leadership guidance over this program.[90] The same argument was raised at Committee hearings regarding other programs affecting the elderly. Attention must therefore turn to how political and administrative leadership can be responsive and effective.

VI. MANAGEMENT ISSUES

A. Developing and Managing a Course of Action

The previously outlined structural problems of fragmentation of programs and divided levels of responsibility among agencies and jurisdictions makes it difficult, if not impossible, to speak of an aging policy. As many critics have charged, there are several aging policies, often confusing and conflicting. Lack of policy coherence makes the public management task difficult if not possible to achieve. This section will deal with concerns of management of individual programs, whereas the next will cover intergovernmental issues and problems. They will be "joined" at the conclusion of this section with a discussion of interagency management approaches.

The most essential management issue for any program is to delineate clearly and follow a course of action that relevant decision-makers feel meets their objectives for the elderly. That is, within the existing framework of programs, political and administrative decision-makers must have a clear sense of what they want to do with the programs they jointly operate. For example, critics have charged that the Older Americans

Act places implementors at all levels with impossible missions, ambiguous charges and too few resources to meet the challenge. [91] Moreover, observers like Estes have concluded that with eighty federal programs and $120 billion in federal expenditures of potential benefit to the elderly the results do not meet the goals designated in the Older Americans Act. [92]

What program administrators should consider, then, is a process whereby they would work with key elected officials--chief executives or their representatives and key legislative actors--to decide what it is these decision-makers want to accomplish with the programs they have to administer and then follow that course of action. If a jurisdiction wants to emphasize health care, transportation, and housing in order to maintain those in high risk of being institutionalized, then let them do a good job of setting a plan of action, following it and monitoring relevant activities. Case examples of these efforts were given above in regard to the state of Washington's effort to create a network that maintains people in their homes and Indiana's work plan to achieve the same objectives. Clearly, these are not easy tasks, given program regulations and federal/state restrictions, but it is not impossible. Since the evidence suggests that many state and substate units are selective in enforcing their total mission, i.e., structural barriers prevent them form pursuing their entire charge, the actions that are taken could be taken in a focused manner.

A similar approach was suggested at Committee hearings by the representative of the National Association of State Units on Aging. Lou Glasse, Director in New York state, testified that the public sector should take the primary responsibility for system development, with clear primary and secondary objectives. To meet this responsibility it was suggested that government agencies at all levels develop the capacity and commitment to pursue these goals, working with and influencing legislative and executive policy makers, and then effectively managing the program thrust. [93]

B. Management Problems Resulting from Structures

The list of these problems is a list of the topics to be covered in the remainder of this section on management: establishing and monitoring program goals, development of standards, direct services or contracted services, enforcement power of grantor agencies, auditing, improving services, and benefits, and management of the network. Examination of the list easily connects with government structure, suggesting the way government units organize not only affects policy but also the way policy is managed.

A prime example is that of pooled funding. The fragmentation of policy leads to a need to broker funds for the elderly. Because administration of these several programs has been dispersed through several federal units, state departments and

local jurisdictions, it has become necessary to attempt to pool resources at all levels. Despite considerable problems in generating accurate date, the results of pooling efforts have not been overly successful. Even with somewhat inflated figures the aged population generally end up with a small proportion of potential funds.[94] Success in pooling may be an impossible task under existing policy and structural arrangements. Advocates on behalf of the aging are forced to broker resources from programs that are often established with other, non-aging foci. Moreover, securing of those funds must come from agencies whose primary mission is oriented to populations other than the elderly. These factors present significant structural barriers to effective program management.

1. Establishing and Monitoring Program Goals. The primary emphasis in setting standards of performance in human services has been placed on units or measures of service output rather than outcome. Estes and Noble examined the "accountability trail" in the Older Americans Act and found that the focus has been narrowed from broad-aim goals to small surrogate efforts such as the number of agreements made, meals served, referrals made, rides offered, and requests for information answered. This is a matter of program concern, for "In this narrowing of accountability what occurs is the reconstruction of the intervention effort itself through the specification of appropriate activities and outcomes--those that will be measured or counted by monitoring authorities." [95] This move to easily measured "positive outcomes," shift system assessment away from program effects on individual aged persons or broad impacts on the social conditions of the elderly. [96] This pattern of monitoring emphasis is similar in other programs affecting the elderly.

   Movement toward more positive program outcomes requires at least two changes in the existing system of accountability. First, program requirements and federal administrative actors would have to change their accountability stance and permit monitoring on the basis of meeting program goal standards, as well as design the technical capability to meet them. Second, intermediate and delivery units would have to develop the capability to set goals and pursue them. This latter capacity refers to the ability of programs to set a course of action, similar to that outlined at the beginning of this section. Thus, it would require both structural and technical (or process) capability to pursue them. The widening of the accountability process opens up other questions. How are goals to be set? Who sets them? How is goal achievement to be measured? These and others suggest that the problem is a difficult one. However, movement in this direction appears essential if managers are to be successful in accomplishing their objectives.

2. Program and Fiscal Auditing. These issues obviously related to the previous concern. One of the chief reasons why accountability has been focused on more tangible components of programs is the nature of federal and state reporting requirements. They almost always expect reports and almost always on number of hours, types of personnel, number of clients served, types of clients served, characteristics of clients served, and so on. Examination of this type of information has become the essence of program auditing. Fiscal auditing follows a similar course, monitoring compliance or proper expenditure within spending regulations, which is almost always tied back to program requirements. Requirements have a purpose. Federal and state governments need to maintain forms of accountability to legislated program aims. Delivery units must responsibly spend the money and pursue program aims consistent with legislation. Requirements are an inevitable part of this process, as is monitoring of standards through the auditing process. The key issue is, can the fiscal and auditing process be changed to make it more consistent with broad policy objective setting and programming? It is the most essential issue in auditing because state and substate entities will find it difficult to pursue broad objectives and continue to be accountable within a narrow framework of reporting. Therefore, program and fiscal auditing may have to be changed to make it more consistent with redirected, more flexible programs, oriented to broad goal achievement.

3. Development of Standards. One problem of practically every service program affecting the elderly is the lack of meaningful standards, i.e., basic principles that define acceptable program performance. Considerable ambiguity in most services legislation, coupled with state and substate compliance application (plan) documents that attempt to follow these confusing and often conflicting aims, makes standard setting difficult if not impossible. Moreover, the lack of standards is tied to the lack of measured outcome goals. As Bruce Gates observes:

> In the absence of valid and reliable outcome measures, and yet amidst substantial impressionistic evidence that a social welfare program or organization may not be performing effectively, process and structural standards may become the lever through which external actors will attempt to alter organizational performance. Traditionally the responsibility of professional societies and federal, state, and local regulatory bodies, the establishment of many such standards clearly do protect the user. Indeed, a number of studies have shown that many process measures-courtesy, promptness, and the sensitivity of the provider to the unique needs of the user--are of high value to the user.[97]

In a less conceptual fashion, a number of individuals and groups that testified before the Committee also called for improved standard setting that met the needs of the clients rather than the providers.

Development and improvement of standard setting is a complex issue. Indeed, it is far too complex to discuss as a subsection of a paper dealing with governmental structures. Existing practices suggest that many of its dimensions require greater attention and development:

- o Program standards
- o Staff qualification and performance standards
- o Standards of agency efficiency
- o Standards of agency responsiveness to client needs
- o Standards of program and agency accountability to explain what actions have been taken and to explain what has resulted from those actions.

It is a "tall order" to accomplish adequate standards in regard to all these issues. But one conclusion appears to be that if policies were more coherent and focused, priorities were set, and courses of action were directed toward accomplishing specific objectives, the job of standard setting would be easier. Instead of standard setting for <u>what</u>, it would be for <u>something</u>.

4. <u>Contracted Services</u>. Prior discussion of priorities and goals, auditing and standards make it possible to discuss contracting of publicly authorized programs to non-public contractors. Clarity along these dimensions should provide greater focus for contracting.

As public programs have expanded in recent decades there has been a corresponding trend to contract out the delivery of those services to the private sector. This has been most prevalent in the aging sector. Contracted services are supposed to offer several advantages: they can be provided less expensively, they can be provided with greater flexibility and innovative potential, they can be tied to community needs through local boards and they can free program administrators to concentrate on program planning and strategy.[98] Several program advocates who testified before the Committee, as well as system reformers have advocated increased contracting. For example, the House Select Committee on Aging "model" strongly urges that government should, wherever possible, purchase services in the private sector and become providers only as a last resort.[99]

The relative advantages and disadvantages of private contracting appear to be discussion points as much as fact. The supposed advantages of contracting appear evident in some areas and not in others. Even when the advantages of contracting are achieved, they may bring on other problems that do not occur with public operation. In other words, contracting is an issue that deserves continuing and more complete examination.

Extended examination will no doubt reveal that the advantages of contracting for services may be more easily achieved within a system of improved management. If programs were to establish clear goals and objectives, then contract monitoring and compliance would be within a more clearly defined context-the degree to which contracts serve public agency priorities. Auditing and standard setting could then be developed and imposed within the context of program aims. If somehow, these previous steps could be developed and agreed upon, grantor agency enforcement authority would be less vague than under present conditions. The ability to enforce contracts would work from standards and audit objectives to broader program aims. Contract monitoring would transcend minimal or "paper compliance" to a progressively ascending set of standards, audits, objectives and goals. In addition, this format would not only depend on management improvements, but contractor-contractee agreement on relevant performance measures. Hopefully, the outcome of this ambitious and difficult agenda would be improvement of services and benefits for the elderly.

5. Managing the "Network". The fragmented system of policies and agencies gives rise to the need for managing an array of programs and services for the benefit of aging citizens. Specific responsibility is placed with AAA's under the Older Americans Act. Regulations stipulate general characteristics of a "comprehensive and coordinated services delivery system." Network management would also include advocacy on behalf of the elderly and securing any benefits they were entitled to but not receiving. It is a difficult task given a situation in which the federal (and state) government(s) slice "the apple" into nearly 500 pieces and then expect local agents to provide citizens with a single "apple." The actual record of AAA's in accomplishing this difficult goal is one of modest achievement. Most AAA's attempt system or network development, and achieve some notable successes, but efforts tend to be isolated or incomplete cases of success. Comprehensive networks prove extremely difficult to develop. Two primary barriers were expressed, conflicting federal and state program priorities and technical skill gaps among personnel. [100]

Understanding as well as management in networking is complex and variegated. It must begin with the ability to understand and work within the natural support systems in communities, including commonly recognized structures such as the family, neighborhood groups, racial and ethnic groups [101] but also the "folk helping system" that emerges in a community. The latter refers to people who are in critical contact with people in points of crisis or need, including: less recognized roles as physicians, attorneys, police, barbers, bartenders, clergy, even astrologers; and informal helpers, persons who have no recognized or occupational role but are strategically located or have special talents to help people in distress, such as coworkers or ex-coworkers, friends, associates, volunteers. [102] At the Committee hearings an impassioned plea was made by a representative from the National Center for Urban Ethnic Alternatives for shifting focus away from "managing cases," toward support of these natural systems. While a complete transformation from formal agencies and programs may be impossible, the essential building bloc of every network probably needs to begin with perhaps these natural "systems" that are in place.

At the community level, developing a network for the elderly involves two related issues. First, someone must be responsible for the individual. Elderly persons who are in the greatest of need or most vulnerable are perhaps the least likely to be able to wend their own way through multiple services and programs. After a personal care assessment some individual or some lead program must take responsibility for this type of client. The most common approach is to assign a case manager or care planner to the client, in order to ensure that all relevant needs are met, providing client access and advocacy as well as services. Second, at the agency or program level someone needs to take the responsibility or lead for facilitating major categories of individual client access through mutual adjustments of organizational policy. In short, networking requires coordination of programs as well as services. Again, it is necessary for someone to take the prime responsibility to see that it is done. While AAA's have been assigned these responsibilities, it has been suggested that both functions--case management and agency coordination-might be more effective if they were undertaken and led by the agency that is more central to a greater number of the elderly, i.e., SSA. Of course, these roles would naturally combine if additional programs were blended into SSA. Even short of organizational mergers, certain client intake, case management and coordination responsibilities for the elderly could be given to SSA, along the lines of the Medicare responsibilities that agency now possesses. This move, however, would not solve the network issue for all clients, since some senior citizens, such as those in nursing homes, might

be better served by another lead agency. Finally, any of these changes will not solve the entire problem of networking, which ultimately is a policy issue, since under the present circumstances networking is a management scheme or approach.

Managing of such networks is also an extremely complex task. In a report for the Department of Health, Education, and Welfare on efforts in the 1970's to promote and develop networking in human services through coordination and integration strategies, Agranoff and Pattakos found four broad strategies that were followed; services delivery, program linkages, policy management, and organizational structure:

> (Services delivery) evolved out of a "new consciousness" of service providers. It involves a redefinition of the basic service approach to every health and social service by giving it a "human service" dimension. The dimension's focus is on the way providers approach the client, as a complex individual with multiple needs, ensuring that those needs are met. In such a human services approach the focus is multidisciplinary, and there is a willingness on the part of the service provider to engage in many different helping strategies. The services of other agencies may also be invoked through such means as information and referral, case management, and follow-along.
>
> (Program linkages) is commonly called program coordination. In its ideal form it involves blending all of the individual services with a "human services" approach to service into a multiagency services delivery system designed to meet the needs of clients whose problems go beyond a single agency or program. This dimension's focus is on linking agencies to develop a system containing such components as systemwide needs identification, a governance mechanism, targeted outcomes, established working procedures between components, and an evaluation component. The linkage dimension includes many arrangements and mechanisms ranging from the voluntary, informal "network" between agencies and programs to structured, involuntary systems. Examples of the more formal include such mechanisms as interagency staffings and working agreements; shared services agreements; case teams from two or more agencies; interagency task forces, councils, and consortia, colocated agencies and multiservice centers; and other linkage mechanisms.
>
> (Policy management) relates to the efforts by general purpose governments (in some cases combined with other governmental units and voluntary agency planning bodies) to pull together the strands of various programs

within the intergovernmental system in order to be coherent and responsive in human services. It involves a jurisdictional, public sector policy development/ policy management capability across independent programs and categories of human services. This would include the meshing of the various public, quasipublic, and non-public units to develop a comprehensive approach to problems. This dimension includes assessing needs, setting priorities, making allocative judgments, fostering a particular course of action, and monitoring outcomes at a "supra level" (beyond independent, categorical programs) in order to deal with problems rather than with service programs.

(Organizational structure) actually serves the goals involved in one or more of the other dimensions. Ordinarily it involves the creation of government organizational structures to support a policy management capability or a linked service delivery system, or both. This dimension includes the coordination of independent organizations, consolidation of previously existing programs, and the creation of entirely new human services organizations. In its broad, visible form this dimension represents the movement to create human services coordinators' functions in executive offices of cities, counties, and States; develop umbrella human services departments by consolidating planning, evaluation, and management support services of previously independent service programs, leaving services delivery in separate divisions; and integrate planning, evaluation, operations control, administrative support, and services delivery into a single human service department. Actually, these new structures are very different, displaying a wide variety of integrating techniques and mechanisms. [103]

This report went on to document hundreds of efforts at networking, under the rubric of services coordination and integration. It suggested that managing a network is an extremely complex task to both understand and undertake, requiring a variety of strategies that go beyond the management knowledge and skills, encompassing several of the policy and services/ benefits causes identified in previous sections of this paper.

VII. INTERGOVERNMENTAL ISSUES

A. The Intergovernmental System

Government programs have not only expanded in the past few decades, but they have become more interdependent, triggering deep concern about relationships between governments. It is no longer possible to speak of exclusive or normal functions

of levels of governments because today all levels share most domestic functions. Developments in intergovernmental relations (IGR) have been the subject of several comprehensive studies.[104] It is necessary to summarize trends and their impact on key issues relating to governmental structures and the aging.

Most observers feel that the key factor in increasing interdependence between the national, state and local governments is the fiscal tie. Diel Wright traced the fiscal tie through the 1970's: over one-fourth of all state general revenues come from the federal government, and more than 40 percent of local government revenues are secured from state and federal sources. In addition, federal and state financing support numerous special governments and quasi-governments (established and funded by federal or state programs) units.[105] Virtually all of the nearly 80,000 governmental units are potential fundees of the federal government.

Wright characterizes IGR in American history as having gone through five policy phases: conflict, cooperation, concentration, creativeness, and competition. The most recent, competitive IGR phase reflects tensions between policy generalists and program professionals.[106] Although the largest share of the money does go to governmental units, most is distributed for specific purposes, for programs administered by specialists working with related professionals in other governments, as the money is passed through. This has created what is described as "picket fence federalism." Dedication of funds at the national level and specialist contacts creates a feeling on the part of state and local officials that they and their citizens have been bypassed in making the important decisions about programs, either in their own government's functional unit or in federally generated programs outside of government. The predominant view in Congress has been to support the position of program specialists: the state and local governments cannot be "trusted" to meet the needs of people without essential national legislative shaping of programs, along with attendent regulations and guidelines.

B. IGR and Aging Concerns

Before problems of IGR are identified, the IGR role in aging programs should be elaborated. It can best be illustrated through the fiscal tie. Categorical programs constitute the major form through which programs for the elderly are funded. Some are federally operated and some are grant programs to state and local governments. We have already identified the fact that there are 48 major categorical programs benefiting the elderly and nearly 200 when indirect benefit programs are considered (the number is so large the "primary benefit" number is not clear),[107] of which the Older Americans Act represents a small proportion. Lee and Estes have assessed the impact of categorical programs for the aged and have

concluded that despite $120 billion in expenditures, most programs do not meet their ambitions and ambiguous goals. They document that in aggregate terms the status of the aged has been altered very little by these programs, but reluctantly concluded that without the major programs, such as Social Security and Medicaid, the status of the aged might have been even worse.

Block grants authorize funds for a wide variety of purposes. General revenue sharing (GRS) is the other flexible funding program, offering state and local governments the opportunity to spend funds in an unrestricted fashion. Accurate assessments of spending for the elderly are difficult to obtain, given the problems of reporting requirements. The best estimates place GRS spending for the poor and aged at about 2 to 4 percent of all funds spent. Also some money has been made available from other federal programs. From 14 to 28 percent of AAA's report receiving money from the programs like CETA and UMTA. The record in obtaining Title XX social services money is somewhat better; however, a smaller percentage of eligible elderly receive services than other target populations.[108] These trends in many ways present an incomplete picture of the situation, but they identify the broad parameters of the issues. Categorical programs make up the bulk of the effort for the elderly, and while the results may not be overwhelming, and the conditions and restrictions certainly exist, they provide a substantial block of funds for the elderly. Flexible funding programs allow sub-national governments more opportunities to spend in tune with their own decisions; the evidence does not demonstrate great support for the elderly at this level.

The problems created by the intergovernmental system have been the subject of numerous volumes of study. Many are identified throughout this paper. They have been succinctly captured in a recent report by the Advisory Commission on Intergovernmental Relations (ACIR):

- o administrative failures, red tape, and tension between levels of government, creating an "implementation gap;"
- o poor performance and inadequate results, the question of impacts, based on evaluations;
- o excessive cost and waste, leading to fiscal inefficiency and
- o lack of adequate control and responsiveness through the political process, raising the issue of accountability.[109]

The Commission concludes that in simple terms, contemporary problems of IGR have fundamental administrative, programmatic, fiscal and political dimensions.[110]

The basic questions in IGR for 1980's can now be joined. They represent two related concerns. How much flexibility should be afforded to state and local governments or other funded agents of the federal government in meeting the aims of federal programs? If authority is transferred, how much authority should rest in the hands of program specialists and how much should be placed in the hands of leaders of general purpose governments? The essential IGR debate over aging policy and administration, and other aspects of human services for that matter, rests on these issues.

Committee hearings seemed to bear out the essential nature of these issues. The National Governor's Association position can be summarized by their pleas for federal-state cooperation in administration and program development, with the greatest possible degree of flexibility to adapt programs to differing social, economic, and historical and political circumstances.

Representatives of local general purpose governments--the U.S. Conference of Mayors, the National League of Cities, and the National Association of Counties--suggested that aging programs often bypass their decision-making structures, yet it is within their jurisdictions where the elderly citizens with problems live and seek help from government. Moreover, local pressures thrust them into problems of the elderly, even though other, overlapping programs have been charged with responsibilities. Local general purpose governments would like to see the responsibilities of each level of government clarified in the following directions: the federal government should provide adequate funding and overall program standards; state governments should provide technical assistance for federal programs, passing through most monies, and provide adequate funding for state programs, again providing local flexibility. Local government representatives feel they are closest and most accountable to the people, and should be allowed to take the leadership and responsibility to plan and implement programs for the aging population.

Public program specialists and administrators argue for greater ability to meet their charge. They feel that differing standards and expectations in federal legislation makes it imperative that they have more flexibility in finding state and local means of finding solutions. For example, the NASUA representative testified that issues of structural location of state agencies is less important that the flexibility to develop a response to the policy objectives for the elderly.

Advocates for the elderly and other observers expressed caution about increased flexibility and expanded roles of governments. The representative of the National Council on the Aging expressed concern over "put the money on the stump and run" flexible funding programs. Categorical funds are appropriated in response to perceived national need, it was suggested. They are legislated to ensure that target groups receive the benefits and services. The AARP representative expressed reserva-

tions over a "blurring" effect that would reduce age categorical programs, forcing the elderly back into the "pot" to compete with minorities, youth, children as well as other programs that target the poor. Age categorical programs such as Social Security and Medicare have made it possible to maintain people independently. Along similar lines, the Estes study concluded that despite considerable problems in achieving success with national programming, increased sub-national flexibility may lead to even greater program control by the organized interests with a vested interest in the existing pattern of aging programs. Handing over decision-making to local governments would open up programs to the governments most financially strapped, most susceptible to politicization, and most subject to capture by a narrow group of local citizens. Decentralization processes might close off meaningful access to citizens and diminish representation of those most vulnerable, or those most in need. [111]

C. IGR and the Eighties: Considerations

As these issues of IGR are developed in the next decade, some important considerations must be identified as background to the debate over location of respective responsibility. These considerations should not be lost in the crossfire of rhetoric between general and special interests, or in the differing perspectives of national, state and local governments.

First, it is useful to examine the emerging roles and responsibilities of state and local governments in a contemporary light. Federal grant programs, as well as the conditions placed on them were initiated to ensure that state and local governments would take action that they otherwise would not take. But these initiatives were primarily 1930's efforts to move state and local governments to join in action in dealing with problems of the great depression. The contemporary record of states in meeting federal requirements is a vast unknown. Evidence would no doubt demonstrate a range of policy responses, but with the bulk of states now reasonably complying with federal expectations. Several states would be found to exceed federal expectations. In addition, state and local governments have taken a considerable initiative on their own to meet the needs of the elderly. It is possible that state and local efforts on behalf of the elderly are substantial but have been overshadowed by large federal dollars and federally funded research reports. It could be that increased sub-national effort is being made but we are not listening or we are locked into an earlier sterotype. A characterization of the view of states by David Walker of ACIR is apt: "The tendency is to characterize all states like Mississippi in the 30's and not trust them. That is just not true. Mississippi isn't even like Mississippi of the 1930's."

Second, the issue of the degree of flexibility open to states and local governments to manage their programs is not clear.

There are, indeed, constraints but how constraining are they? To take one example, several studies of state units and AAA's show tremendous variation in emphasis and programming of Older Americans Act programs. [112] There is evidence that state units are able to take a set of federal programs dealing with the elderly and move them substantially toward a state determined agenda for the elderly. North Carolina is one example of such a creative approach. The state government is working toward comprehensive management for the elderly (and children), combining state and federal as well as promotion of local and private sector efforts as a policy direction. [113]

There is discretion or "policy space" at state and local levels. Policy space can best be described as the extent of the residual decision-making that results from extramural influences. [114] While it exists it obviously varies from situation to situation. Policy space is more than a conceptual term; it is operational in that it provides opportunities for officials to expand control over their own destinies. There appears to be a need for greater understanding and development of available choices by state and local officials on behalf of the elderly. [115]

Third, flexibility in the federal system operates within a context of statutes and regulations, but are the requirements properly placed? The basic question has been stated in several forums: "Are the requirements focused on the form of federal programs or the substantive aspects of achieving program goals?" Many observers feel that the emphasis is placed on meeting the form of requirements and not on measurement of program goals. We have discussed federal planning requirements and how they are audited as examples of this emphasis. One area of increased flexibility that has been proposed is allowing the federal government to establish the program agenda, having the bureaucracy set performance goals and evaluate them, and thus allowing the state and local implementing units to discern their own means of meeting them. Payment could even be performance based. [116] This may not be the only solution but it does address the problem of where the federal emphasis is placed.

Fourth, a related issue, deals with matters of priority. Have federal programs been cast in such broad terms with so many goals that impossible tasks of implementation are placed on the implementors? In testimony on the reauthorization of the Older Americans Act in 1978, Robert Binstock identified one of the major weaknesses of the legislation to be that "the extensive range of programmatic responsibilities has been elaborated without much sense of priority. [117] As a solution he suggested a consolidation eliminating the various titled programs of the act, requiring each community to make a priority decision for using a block of funds, in order to have substantial impact upon the most pressing problem confronted by older

persons in that community. Rather than providing categorical restrictions, the legislation would allow for a large proportion of funds to be devoted to one of some 20 types of programs.[118] This proposal reflects a sense of frustration that many observers have experienced, that too few dollars have been thrown at too many programs, while choice-making has been restricted, making several interests happy, but eliminating most hope that any problems will be solved. Thus, priority setting is another issue that will deserve future examination.

Fifth, the limits of coordination as a strategy for solving intergovernmental problems must be recognized. Almost every piece of legislation dealing with the elderly (and other human services programs) contains one or more requirements for coordination. They permeate regulations, guidelines and plans. As we have demonstrated, coordination is an extremely complex phenomenon, and in many cases it has been promulgated as a means of shifting the burden of effectiveness down in a system of highly dispersed power.[119] The Older Americans Act itself has compounded the coordination problem, by establishing separate and competing programs, which are only slowly being eliminated.[120] The point is that coordination is often pursued as the strategy for solving problems when it is the most difficult of management strategies, given the autonomy built into the system. Interagency coordination approaches are likely to be future as well as past IGR issues, because of growing interdependency and complexity, but they must be placed in a context of broader changes in: (1) services and benefits; (2) governmental structures and managerial capability; and, (3) policies themselves.

Sixth, increased focus must be placed on the techniques and approaches to intergovernmental management. As long as jurisdictions are going to be faced with intergovernmental problems they must learn to cope with them. Several suggestions, such as policy management approaches to services integration, increased flexibility in meeting goals, developing coherent policy approaches, expanding policy space and developing program emphasis have already been identified. Another approach is sub-optimizing planning, i.e., developing limited approaches to nettlesome problems involving a multitude of programs, agencies and levels of government, such as longterm care, frail elderly or maintenance of high risk elderly in their homes. Yet other emergent approaches include bargaining/negotiating strategies, where the parties attempt to negotiate out their differences and reach a solution, similar to the labor-management bargaining process. Each of these techniques is problem-solving in nature. These and other approaches will aid governmental units in working at their differences, managing their way through problems in addition to identifying and complaining about them, making the intergovernmental system more workable.

VIII. PUBLIC POLICY ISSUES

Government organizations are structured for the accomplishment of policy aims. Thus, even though the charge of the Committee was not policy substance, this paper must conclude with a discussion of general policy concerns as they are likely to have a direct impact on structure.

A. Fiscal Restraints

If there is one area where there is considerable agreement, it is that the United States has ended a period of relatively abundant "social capital" and program expansion. The country is in a period of economic levelling off or contraction. Human services grew most rapidly during the government expansion period and they appear the hardest hit during contraction. The contraction is likely to affect governments at all levels. The federal government is now considering deep cuts, particularly in controllable outlays, which will undoubtedly touch many of the service programs that are passed through to state and local governments. State and local governments will not only have to face the prospect of reduced federal assistance, but will face their own set of spending constraints generated by a combination of a frugal political atmosphere, less than ideal economic conditions, and a poor tax base. Ironically, the most vulnerable unit of government of all is the government that has indicated to the Committee they wish a greater responsibility in dealing with problems of the elderly, local governments. In many parts of this country declining local economics, narrow tax bases and large public employee commitments combine to create the greatest fiscal crunch of all. Local governments appear to be the hardest hit units as they have begun to reduce personnel, clearly indicating that they cannot sustain the growth of the past decades. In sum, growth of governmental programs at all levels is less likely to occur, and if it does it will come at a much slower rate.

Future efforts regarding the elderly need not be any more affected that other type programs if attention is given to some very basic matters.

First, basic policy approaches may have to be re-examined. Several critics of aging policy have suggested that greater attention must be paid to our basic principles in regard to the way government deals with the elderly (below) and fiscal problems can be one force that may trigger the issue.

Second, it is imperative the resources available be wisely used. It may call for a basic re-examination of present efforts in terms of the type of programs as well as the priorities among programs.

Third, resource scarcity appears to make it imperative to examine the way government conducts its business. It seems to be an opportune time to examine such questions as, what level of government should be responsibile for which functions, which functions should be conducted by government, which functions should be supported by government, and which functions should the government not be involved in.

Fourth, fiscal scarcity should trigger a reassessment of government structuring in the light of emerging policy approaches, available resources and redesigned responsibilities. In short, it may be good time to examine new organizational forms. New forms of bureaucratic structures that governments are not familiar or comfortable with may be in order. A form of strategic planning is being suggested where the policy leadership attempts to match organizational competencies with threats and opportunities from the environment. Charles Summer defines strategic planning in business and government as a broad, comprehensive, holistic, gestalt network of policies which pictures organizational outputs to the outside world, and a logically related network of internal processes to produce them. [121] Most observers would agree, on reflection, with the old military saying "we need our best generals in conditions of retreat," and the parallels to fiscal decline are obvious.

B. Comprehensive or Fragmented Policies: Age Related or Age Integrated

One of the most essential choices that this country may have to come to regarding aging policy is the degree to which actions should specifically single out the aged as a category. Age integration has many structural implications, in that it appears to call into question separate organization and functions for the elderly.

Some critics have suggested that age segregation tends to pit older persons against the rest of society, especially when they are accompanied by an insistence on programs for all elderly as a vulnerable population. Such arguments tend to demean the elderly, portraying them all as a frail, weak, dependent group. Moreover, an age segregated approach makes the elderly more accessible as targets for blame as an economic and social albatross, particularly in times of declining budgets. There is already a tendency to "blame" the elderly, as comparisons are made of their proportion of the federal budget with other age groups. [122] On the other hand, many aging interests argue that age segregation is necessary to achieve the level of benefits and services that now exist since the aged do poorly when they must compete with other target groups. [123]

Actual evidence seems to suggest that present approaches show considerable ambivalence toward age segregation/age integration. Douglas Nelson illustrates the point well:

> The evidence of this internal confusion is inexhaustible, but a few examples will suffice to make the point. Social security, for example, in both its origins and its specific design assumes the appropriateness and social desirability of retirement at age 65. Abolition of mandatory retirement, elimination of age discrimination in employment, and the emergence of older worker job development programs appears to challenge that assumption. Supplemental Security Income, by extending eligibility to persons with certified disabilities and persons over 65, suggests that age is prima facie evidence of disability. Antiagist advocacy and public education programs, however, assertively attack such correlations. Elderly housing projects, senior centers, and the Title III-C nutrition program all seem to approve or at least accept a degree of age segregation. The Foster Grandparent Program and the Elderhostel movement, on the other hand, are promoted as means of combatting age segregation. Age-oriented longterm care programs and institutions (homes for the aged) suggest a characteristic prevalence of frailty and impairment among "old old." Highly publicized "Senior Olympics" seem designed almost exclusively to deny such suggestions.
>
> Taken together and juxtaposed, the programs, policies, and political rationalizations which are embraced within the current orientation of national aging advocacy collectively present and reinforce a continuum of allegedly "representative" images which variously characterize "Older Americans" as dependent, independent; appropriately retired, inappropriately excluded from work; isolated, involved; frail, vital; impoverished, affluent; deserving of special status, subject to arbitrary discrimination; ill, well; and so on. [124]

The problem, he concludes, is that they do not add up to a meaningful point of view or set of criteria that can be said to advance the public policy interests of those over 60.

The use of age as a normative criterion for need reveals equally mixed results. Elizabeth Kutza concluded that "age is a less valid predictor of the economic, health, and social characteristics of older persons than is income, race, and education level, and the public attributes a deprived status to the elderly which neither accurately represents the majority of older persons in fact nor in their own self concept. [125] Moreover, she concludes that the validity of age as a predictor of need is likely to weaken with each succeeding cohort, suggesting that the rationale for age based programs will continue to decline. The future is likely to bring an elderly population that has greater access to economic resources, is healthier, and is better educated. [126]

Current attitudes, scarce resources and the overall status of the elderly will inevitably lead to a re-examination of age segregated policies. The key issue seems to be how policies can be established that ensure that the elderly who are in need of financial, health, social services, and other benefits receive them without necessarily including all members of the target population. Administratively, this leads to the question of whether means-tested programs would be widely instituted, or could some middle ground be found in criteria similar to Title XX, which targets resources through a combination of eligibility mechanisms--universal, categorical, income tested and group.[127] The implications for governmental structure are considerable. The most obvious result of an age-integrated approach questions the need for a separate social services structure for the elderly. It may also call into question the need for structuring separate programs and agencies for the elderly; perhaps eligibility conditions of other programs can be written into human service programs. Many feel that a national, age integrated, income support program will trigger the pooling of agencies now dealing with income maintenance into a new administrative unit dealing with all categories of the poor. As a matter of balance, it has been suggested that service programs and agencies could be blended or age-integrated, as long as aging populations were structurally protected. Protecting the elderly could be ensured by a case manager at the service level and by employing specialists in planning and programming for the aging at the administrative level. Age integration may indeed call into question the existence of separate organizational presence for the elderly, or at least trigger a redefinition of the existing arrangements.

C. Existing Administrative Arrangements

The policy issue to be addressed in this section can be stated simply. How adequate is a policy model toward the elderly that places programs in numerous federal and state departments? The expected solution almost borders on the mystical, with hope that some unseen hand will somehow make it work in a consistent fashion, meeting policy aims like those encompassed in the Older Americans Act. The extensive fragmentation at both administrative and legislative levels already has been documented. Throughout this report we have indicated difficulties in Older Americans Act programs achieving its service goals as well as the difficulties personnel in aging have in brokering services and funds from other agencies or governments. So the question must be raised: is the present model adequate or should new federal and state structures be considered? New structures need to be considered that consolidate the administration of major programs for the elderly and provide a focal point for federal and state efforts. Similarly, legislatively delegated administrative strength for agencies that would buttresses policy advocacy and policy change must also be undertaken. These redefined structures would also provide greater options for results-oriented approaches.

The Committee is aware of the extreme political difficulties of such a proposed move, as well as compounding factors when 50 states are considered. But it is raised for serious consideration. Considerations of a structural nature, of course, must follow the policy changes dealt with by other committees. The Committee suggests the ideal organization is one that is most suited to implement the policies adopted. Is the best structural option available now being pursued?

D. Future Issues in Services Models

Policies regarding services to the elderly not only concern the amount of money spent for elderly services and the appropriateness of those services, but also issues of priority, direction, scope, and auspices. A focused discussion of these problems is presented in the House Select Committee on Aging's report on a "human services policy model," and provides a useful summary: should services be for all seniors or emphasize the functionally dependent; should a future service system for seniors be age-integrated or age-specific; should services employ a preventative or treatment orientation; should services emphasize acute or long-term care; should the scope of available services be limited or comprehensive; should policy making and service provision be centralized or decentralized; and, should public sector or private sector resources be emphasized? [128]

The House Committee opted for a two-tiered approach, a service approach that emphasized: a full floor of services for those over 75 years; a continuum of care that makes services available for all, emphasizing appropriate options for each elderly group. [129] The Committee does not necessarily endorse these conclusions, or embrace these service issues, but suggests that these are the kinds of issues that need to be raised in the future. If resolved, they will have significant implications for government structure. A service system that is age integrated, focused on the most functionally dependent, emphasizing greater prevention, and that is more decentralized and "integrated with the private sector," will have profound implications for the way our bureaucracies are structured. Government service delivery organizations would move to a model that would make them dispensers and monitors of resources, and the providers of technical assistance. Again, separate aging services structures would not be needed, except perhaps for the most severely dependent. Thus, future issues of policy are inextricably bound with issues of structure.

E. Income versus Services Strategies

This Committee recognizes that for many elderly citizens the prime issue is adequate income. Indeed, services strategies often come into play as a result of problems of inadequate income. Even if services are necessary they are not a substitute for income for those elderly who lack financial

resources. Several observers have suggested that there is a misplaced emphasis on services rather than income strategies, diverting focus from the prime issue of economic security. [130]

Several solutions have been proposed to deal with these problems. One would be revision of employment policies that give Americans the right to work at any age. A second would "age-integrate" employment, training, and educational policies, making the developmental opportunities for work available to all ages. A third strategy would work toward a fundamental change in the existing income support programs, moving toward a guaranteed minimum income for older persons. For example, Binstock has suggested such a program could be gradually phased in while OASI and SSI are phased out. Such a policy would target the bulk of federal benefits for the aged directly to the elderly poor who need them most. [131] Less far-reaching income support programs have suggested the establishment of a "floor" of existing benefits near the established Bureau of Labor Statistics poverty line for those who are in need. Movement toward any of these changes would appear to have two primary effects on government structure. It would again blur the need for separate aging structures. It would also raise the related issue of whether a benefits payment or a finance agency, such as the Social Security Administration or the Internal Revenue Service within the Treasury Department, would have the major responsibility for administering an income policy.

F. Non Services Approaches

Income and services approaches are not the only means by which government can aid the elderly. Governments at all levels can use their powers of governance to assist populations in need or particularly vulnerable populations. A study by SRI International has identified six broad categories of non-service, or governance approaches that can be taken: regulation and deregulation (e.g., changing mandatory retirement guidelines, protection of pensions, zoning revisions, rent control); tax policy changes (e.g., circuit breaker, homestead exception, exemption of retirement income); administrative reform (e.g., changing services locations, multiple use of public buildings); collaboration with the non-public sector (e.g., private employment programs, manpower loans, small business assistance to neighborhood residents); self-help (e.g., neighborhood crime watch, facilitating shared living arrangements); and, advocacy (e.g., protection against home repair fraud, rent abuses, and unethical real estate practices). [132] These non-service approaches are not a substitute for income or service policies, but represent complementary activities that government may engage in. However, the use of governance can be an important policy strategy since inadequate benefit levels and limited service dollars tend to make less of an impact than an act of government that has the potential of affecting every citizen that falls into a

category. Non-service approaches may have particular appeal to state and local governments that are faced with limited resources but increased demands to take actions to assist the elderly. To the extent that a government employs one or more non-service approaches the structural arrangements of elderly assistance may be even more fragmented, in as much as such efforts include many levels and governments as well as many agencies not generally thought of as elderly agencies, for example, tax departments, planning and zoning units, law enforcement agencies, economic development programs, and consumer affairs departments.

G. Incremental and Segmented Policy

A final policy issue that impinges on governmental structure cuts across all of the other policy issues: should change continue to be incremental and segmented or should change be more fundamental and comprehensive? Most changes regarding the elderly have been extensions of the present system. Derthick's study characterizes it well: "Policy choices for social security can be summed up in two maxims: a little bit more is always a good thing; anything less is inconceivable."[133] The same could be said of most other programs. Most changes have occurred in isolation of each other, resulting from different authorizations administered by different agencies. Segmentation, concludes Carroll Estes, results in the inability to treat any major problem coherently and holistically, resulting in growing public skepticism about the ability of government to solve problems.[134] This report, therefore, ends about where it began; governmental structure issues flow from policy issues that are incremental and segmented.

IX. CONCLUDING OBSERVATION

This report, together with its preceeding summary of issues, attempts to explicate the considerations underlying the recommendation the delegates will make. Clearly, the issues and factors impinging on those recommendations are very complex. The lessons of the previous few decades in social interventions by human services programming have suggested that while governments may seek easy answers, they become ever more complex as programs unfold through federal, state and local administrative organizations. There are few, if any, simple solutions.

FOOTNOTES

1. Herbert Kaufman, "Emerging Conflicts in the Doctrines of Public Administration," American Political Science Review 50 (December, 1956), p. 1057.

2. James Q. Wilson, "The Bureaucracy Problem," The Public Interest 7 (Winter, 1967), p. 4.

3. Phillip M. Burgess, "Capacity Building and the Elements of Public Management, "Public Administration Review," 35 (December, 1975), Special Issue, p. 706.

4. Grover Starling, Managing the Public Sector (Homewood, Ill.: Dorsey, 1977), p. 172.

5. Robert Agranoff "Organizational Design: A Tool for Policy Management," Policy Studies Journal, 5 (Autumn, 1976), p. 21.

6. Patricia L. Kasschu, Aging and Social Policy: Leadership Planning (New York: Praeger, 1978), p. 4.

7. Ibid.

8. Robert B. Hudson and Robert H. Binstock, "Political Systems and Aging," in Robert H. Binstock and Ethel Shanas (eds.), Handbook of Aging and the Social Sciences (New York: Van Nostrand, 1976), pp. 391-392.

9. Harold Wilensky and Charles Lebeau, Industrial Society and Social Welfare (New York: Free Press, 1965), pp. 138- 0.

10. Walter I. Trattner, From Poor Law to Welfare State (New York: Free Press, 1974), p. 239.

11. U.S. House Select Committee on Aging, Future Directions for Aging Policy: A Human Service Model, Washington, D.C., Government Printing Office, 1980, p. 28.

12. Ibid., pp. 34-35

13. U.S. Congressional Budget Office, "Recent Trends in Federal Expenditures for the Elderly," Washington, D.C., 1980, pp. 8-12.

14. Peter Berger and R. Meuhaus, To Empower People (Washington, D.C.: American Interprise Institute), p. 65.

15. Ibid.

16. Select Committee on Aging, Future Directions for Aging Policy: A Human Service Model, Washington, D.C., Government Printing Office, 1980, p. 65.

17. Ibid.

18. Ibid., p. 66.

19. Reported in Ibid., p. 19.

20. Diel Wright, Understanding Intergovernmental Relations (North Scituate, Mass.: Duxbury, 1978), pp. 10, 135-36.

21. Robert H. Binstock and Martin A. Levin, "The Political Dilemmas of Intervention Policies," in Robert H. Binstock and Ethel Shanas (eds.), Handbook on Aging and the Social Sciences (New York: Van Dostrand, 1976), p. 526.

22. Alfred J. Kahn and Shelia B. Kammerman, Social Services in International Perspective (Washington, D.C.: Government Printing Office, 1976 [SRS-76-05704]), p. 1.

23. Neil Gilbert, "Assessing Service Delivery Methods: Some Unsettled Questions," Welfare in Review, 10 (May/June, 1973), p. 25.

24. Kahn and Kammerman, 363-82.

25. Ramsey Kleff, "Beyond the 'Me Decade': Social Gerontology in the Eighties," Journal of Social Issues, 36 (Spring, 1980), p. 162.

26. Bernice L. Neugarten and Gunhild O. Hagestad, "Age and the Life Course," in Robert H. Binstock and Ethel Shanas (eds.), Handbook of Aging and the Social Sciences (New York: Van Nostrand, 1976), p. 52.

27. Ibid.

28. Brent Green, et. al., "Old Age: Environmental Complexity and Policy Interventions," Journal of Social Issues, 36 (Spring, 1980), p. 3.

29. Select Committee on Aging, Future Directions ....., p. 27

30. Ibid.

31. Martha Derthick, Policymaking for Social Security (Washington, D.C.: Brookings, 1979), p. 32.

32. Beryl A. Radin, "The Implementation of SSI: Guaranteed Income or Welfare?", in Walter Williams and Richard F. Elmore (eds.), Social Program Implementation (New York: Academic Press, 1977), p. 263.

33. Robert M. Ball, Social Security Today and Tomorrow (New York: Columbia University Press, 1978), p. 355.

34. Derthick, 169.

35. Ball, 459.

36. Ibid., 458.

37. Derthick, 334-38.

38. Leonard Robins and Frank Thompson, "Medicare: The Perils of Payment with a Commercial Market Strategy," in Frank Thompson (ed.), Policy Bureaucracy and the Public's Health (Cambridge: MIT Press, in press), p. V-2.

39. Ibid., p. V.5.

40. "AoA: Federal Focal Point for Action for Older Americans," Aging, 247 (May, 1975), p. 3.

41. AoA, Guide to AoA Programs, 1980, p. 2.

42. Select Committee on Aging, Future Directions....., p. 25.

43. Federal Council on Aging, Annual Report to the President-1974, (Washington, D.C.: FCA, 1980), p. 1.

44. Ibid., p. 19.

45. AoA, Guide....., p. 2.

46. Office of Assistant Secretary for Planning and Evaluation, HHS, "Exploratory Evaluation of Administration on Aging Programs: Progress Report," March, 1980, p. 7.

47. Ibid., p. 8

48. Ibid.

49. Older Americans Act, As Amended, with P.L. 95-478 additions, Passim.

50. Robert Agranoff (ed.), Coping with the Demand for Change Within Human Services Administration (Washington: American Society for Public Administration, 1976), p. 79.

51. Derthick, 423.

52. Council of State Governments, The Older Americans: Issues in State's Services (Lexington, Key.: CS_, 1976), pp. 2-4.

53. Region X., U.S., DHEW, Ties that Bind: HEW National Management Planning Study (Seattle, Wash.: DHEW, 1976), p. 81

54. Ibid., p. 16.

55. U.S. DHEW, Zero Based Review of Federal Planning Requirments, Washington, 1977, p. 3.

56. Cf., ACIR, Categorical Grants: Their Role and Design, Washington, 1976; Interagency Task Force on Federal Planning Requirements, Review of Federal Planning Requirements, Washington, 1977; Council of State Governments, State Planning: New Roles in Hard Times (Lexington, Ky.: CS , 1976), p.

57. James T. Callahan, "The Role of State in Channelling Demon strations," Rockville, Md., Project Share, 1979, p. 1.

58. A. E. Benjamin, et. al., "Elders and Children: Patterns of Public Policy in the Fifty States," U. of California-San Francisco, 1980, p. 10.

59. CSG, Issues in State Services, Ch. 1.

60. Don McCartney, "Synthesis of Evaluative Information Pertaining to Programs of the Administration on Aging," memo to William Holland prepared for Federal Council on Aging Congressionally mandated study of AoA, November 26, 1979, pp. 8-15.

61. 45CFR 1321, Subpart C.

62. Donald L. Horsby, The Washington State Aging Program, (Silver Spring, Md.: Assistance Group for Human Resources Development, 1979), pp. 15-16, 20, 25.

63. Maurice Endright, "Status of Non-Institutional Long-Term Care in Indiana," Memo, January 22, 1981.

64. CSG, Issues in State Services ...., 21.

65. Older Americans Act, Sec. 308(a)(1).

66. CSG, Issue in State Services....., pp. 14-21.

67. Rj Associates, Evaluation of the Partnership Grants Program, pp. ES11-19.

68. See, Eg., Martha Derthick, The Influence of Federal Grants (Cambridge: Harvard University Press, 1970); Harold Seidman, Politics, Position and Power: The Dynamics of Federal Organization (New York: Oxford, 1980); James L. Sundquist, Making Federalism Work (Washington, D.C.: Brookings, 196),p.

69. U.S. Conference of Mayors, Human Services in City Governments, (Washington, D.C.: USCM, 1977).

70. 45CFR 1321 Subpart D.

71. Ibid.

72. Ibid.

73. ASPE, "Exploratory Evaluation....., p. 8.

74. McCartney, 17-20.

75. Carroll L. Estes, The Aging Enterprise (San Francisco: Jossey-Bass, 1979), pp. 138-39.

76. ASPE, "Exploratory Evaluation....., p. 10.

77. Kasshau, 381.

78. Carroll L. Estes, "Constructions of Reality," Journal of Social Issues, 36 (Spring, 1980), p. 127.

79. Estes, The Aging Enterprise, 192-93.

80. Derthick, 89.

81. Ibid., 109.

82. McCartney, 10.

83. Estes, The Aging Enterprise, 216.

84. McCartney, 9-10.

85. Ibid., p. 16.

86. Douglas W. Nelson, "Observations on Current and Future Bases for Effective National Policy Advocacy on Behalf of Older People," Unpublished Papers, September, 1980, p. 8. Mr. Nelson is Director, Wisconsin Bureau of Aging.

87. Ibid., p. 14.

88. Ibid., pp. 34-35.

89. Robert H. Binstock, "Interest Group Liberalism and the Politics of Aging," Gerontologist, 12 (Winter, 1972), p. 277.

90. Derthick, 410-19.

91. Estes, The Aging Enterprise, Ch. 6.

92. Ibid., p. 116.

93. Lou Glasse, Statement on Behalf of NASUA, WHCoA, Committee on Governmental Structures, December 8, 1980, pp. 7-8.

94. Estes, The Aging Enterprise, 186.

95. Ibid., p. 152

96. Ibid.

97. Bruce L. Gates, Social Program Administration (Englewood Cliffs, N.J.: Prentice-Hall, 1980), p. 188.

98. Ibid., pp. 50-51.

99. Select Committee on Aging, Future Directions....., p. 65.

100. McCartney, 17.

101. Select Committee on Aging, Future Directions,....., pp. 65-82.

102. Robert Agranoff, "Human Services: Services Delivery, Services Integration and Training," in Thomas Milulecky (ed.), Human Services Integration (Washington: American Society for Public Administration, 1976), p. 44.

103. Robert Agranoff and Alex Pattakos, Dimensions of Services Integration (Rockville, Md.: Project Share Konograph Series, 1979), pp. 9-10.

104. Cf. Wright; Michael D. Regan, The New Federalism (New York: Oxford, 1972); ACIR, Fiscal Balance in the American Federal System (Washington, D.C.: ACIR, 1967).

105. Wright, Ch. 3.

106. Ibid., pp. 65-66.

107. Estes, The Aging Enterprise, 78.

108. Ibid., pp. 182-84.

109. ACIR, The Federal Role in the Federal System: The Dynamics of Growth (Washington: ACIR, 1980), p. 5.

110. Ibid.

111. Estes, The Aging Enterprise, 188-96.

112. McCartney, Passim.

113. Hearings, House Select Committee on Aging, "Impact of the Federal Government on Older Americans," Raleigh, North Carolina, July 3, 1979.

114. Fredrick M. Wirt, Power in the City (Berkeley: U. of California Press, 1974), pp. 344-45.

115. Sidney Gardner, "Policy Space: A Sharper Perspective on Local Decision-Making," in Michael J. Murphy and Thomas Glynn, Human Services Management: Priorities for Research

(Washington: International City Management Association, 1978), p. 16.

116. Melvin Mogulof, "Elements of a Special Revenue-Sharing Proposal for the Social Services: Goal Setting, Decatorization, Planning and Evaluation," Social Service Review 47 (December, 1973), pp. 599-602.

117. Hearings, Senate Committee on Human Resources, SubCommittee on Aging, Oversight and Extension of the Older Americans Act, February, 1978, p. 305.

118. Ibid., p. 307.

119. Binstock and Levin, 524.

120. Estes, The Aging Enterprise, 233.

121. Charles E. Summer, Strategic Planning in Business and Government (Boston: Little, Brown, 1980), p. 37.

122. Estes, The Aging Enterprise, 228.

123. Benjamin, 15.

124. Nelson, 13-14.

125. Elizabeth A. Kutza, "Age as a Criterion for Focusing Public Programs," paper prepared for Federal Council on Aging, September, 1980, p. 17.

126. Ibid., pp. 19-20

127. Ibid., p. 48.

128. Select Committee on Aging, Future Directions....., 4-7.

129. Ibid., p. 8.

130. Robert H. Binstock, "A Policy Agenda on Aging for the 1980's, National Journal, October 13, 1979, p. 1712; Estes, The Aging Enterprise, 233.

131. Robert H. Binstock, "The Elderly Poor: A Framework for Fundamental Change," Paper prepared for 1980 Gerontological Society Meetings.

132. James O. Gollub and Steven A. Waldhorn, "Local Governance Approaches to Social Welfare Problems: A Preliminary Review," Menlo Park, Ca., SRI International, 1979.

133. Derthick, 42.

134. Estes, The Aging Enterprise, 231.

U.S. GOVERNMENT PRINTING OFFICE : 1981 O-320-019/6886

The following Technical Committee Reports have been published:

Retirement Income
Health Maintenance and Health Promotion
Health Services
Social and Health Aspects of Long Term Care
Family, Social Services and Other Support Systems
The Physical and Social Environment and Quality of Life
Older Americans as A Growing National Resource
Employment
Creating an Age Integrated Society: Implications for Societal Institutions
Creating an Age Integrated Society: Implications for the Economy
Creating an Age Integrated Society: Implications for the Educational Systems
Creating an Age Integrated Society: Implications for Spiritual Well-Being
Creating an Age Integrated Society: Implications for the Family
Creating an Age Integrated Society: Implications for the Media
Creating an Age Integrated Society: Implications for Governmental Structures
Research in Aging

Experts from various fields were appointed by the Secretary of Health and Human Services to serve on 16 Technical Committees, each charged with developing issues and recommendations in a particular area for consideration as background material for the delegates to the 1981 White House Conference on Aging.

the 1981
White House
Conference
on
Aging

Executive Summary of
Technical Committee
on
CREATING AN AGE INTEGRATED SOCIETY: IMPLICATIONS FOR GOVERNMENTAL STRUCTURES

TCES-12

NOTE: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging, or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

TECHNICAL COMMITTEE MEMBERS

Elias S. Cohen, JD
Managing Partner
Public Interest Law Center
Philadelphia, PA

Lionel B. Cade, Mayor
Compton, CA

Doris W. Dealaman, Freeholder
Board of Directors & Chairman
Subcommittee on Aging
National Association of County
Officials, Washington, DC

Charles E. Reed, Director
Bureau of Aging
State of Washington

Harry Holland, Retired
Social Security Administration
Phoenix, AZ

Herman Holloway, Sr.
State Senator
Delaware

COMMITTEE STAFF, CONSULTANTS, EXPERTS

Robert Agranoff, Ph.D., Consultant
Indiana University, Bloomington

Bernard E. Nash
White House Conference on Aging Staff
Former Executive Director, NRTA/AARP

I. INTRODUCTORY OVERVIEW

The Technical Committee on Governmental Structures focused on three general areas:

1. The role of government--the nature and extent of its responsibility and policies regarding older citizens.

2. The strategies which should be considered to achieve national objectives.

3. The most effective, efficient and responsive structures for delivery of needed services.

Structural developments should follow policy developments. Innovative policy missions may require the consideration of different organizational models for assuring effective management.

In today's changing society, the responsibility for assisting the elderly has shifted from private social institutions to governmental agencies and has affected the roles of the family, community groups and private agencies.

The mode of dealing with the elderly has been largely on a national priority basis, problem by problem, both legislatively and organizationally. Hundreds of pieces of special-purpose legislation have been enacted by Congress and state legislatures, and administered by agencies and subunits in the intergovernmental chain. Our political system, characterized by bargaining and compromise, allocation of scarce resources and a fragmented federal structure, often results in general purpose programs with little sense of priority and insufficient resources. This makes administration formidable and leads to fragmented or incoherent responses to the needs of the elderly.

Problems of governmental structures are entering a critical second stage of understanding and decision. Now there is substantial effort but an absence of overall policy or structural coherence. Several concerns in the policy-organization link are identified for discussion by delegates:

1. Administrative organization related to purpose and mission.

2. Linkage, coordination and integration of fragmented administrative structures.

3. Policy and program management.

4. Intergovernmental relations and management.

5. The emergence and roles of quasi-government and private contractors.

6. The role of senior citizens in policy advocacy and representation on government advisory structures.

7. The roles of elected officials at state and local levels.

The growth of the public sector may have blurred the effects of private social institutions, such as family, friends, neighborhoods, ethnic groups, and associations in maintaining the vast majority of citizens over 60. These "intermediate structures" play an important supportive role that government cannot play.

The issues have been divided into four areas: (1) public policy and leadership in policy development, i.e. efforts by governmental officials to identify problems and propose action; (2) organization and management, i.e. issues of levels and groupings of programs and operations; (3) fragmentation, federalism and flexibility, i.e. the issues relating to numerous and divided programs administered through a complex governmental and nongovernmental chain; and, (4) advocacy and advisory structures, i.e. the various means by which elderly persons influence government.

This report presents issues and conclusions, for consideration by the delegates, organized along these four basic divisions rather than exact and specific recommendations--a task properly in the province of the delegates.

II. PUBLIC POLICY AND LEADERSHIP IN POLICY DEVELOPMENT

The discussion of policy and leadership focuses on relationships between policy aims and policy performance. Many programs and sponsors overlap. Many agencies are expected to take policy leadership for the aging, but without necessary means or power.

The most critical issue relating to governmental structure is whether or not there is a need for categorical federal and state governmental agencies for the elderly. The advantages and disadvantages of age-integrated and age-specific programs in various circumstances need immediate study. Second, the increasing scarcity of resources highlights the need to establish priorities, define roles and clarify responsibilities in and between all programs. Third, the design of agencies and programs must enhance the potential for achieving the desired objectives.

The policy and leadership issues and conclusions are:

1. Lack of clearly defined roles for the AoA and the Federal Council on Aging: These need clarification, especially with regard to leadership responsibility in policy development.

2. The key role of state governments in defining and implementing Federal programs: extensive review of Federal policies, regulations and financing mechanisms affecting a state's ability to act on behalf of the elderly is needed.

3. The policy leadership of state officials and administrators in state units on aging: incentives are needed to encourage activity beyond Federal requirements, including involvement of key political and administrative leaders in assessing the status of the aging, establishing action priorities, integrating programs and pooling resources where feasible.

4. The leadership of Area Agencies on Aging: authority and resources are needed to fulfill leadership functions at the sub-state level. Convening elected officials, the private sector and staffs of independent operating agencies at the local level is essential to establishing and achieving responsive national priorities and policies. Extension of the current organization, role, authority and resource of AAA's warrants further investigation.

5. The participation of local elected officials: means should be created for policy input and "Network" participation by elected officials - particularly general purpose government officials in non-AAA designated areas.

III. ORGANIZATION AND MANAGEMENT

The discussion of O&M focuses on those issues for organizing to accomplish policy aims, accountability, and meet citizen needs rather than on the "how to" of administration. As administrators proceed they must recognize the important choice-making and guidance roles of elected officials at all levels of government.

Organization and Management, issues and conclusions are:

1. The largest programs affecting the elderly--income and health financing; these presently are not unified within HHS. In fact, income, health and social services programs are not integrated at any point.

2. Improving program management: this requires common approaches to setting priorities, determining and

planning appropriate courses of action and monitoring/evaluating program objectives, including: setting national goals and priorities with proper input from affected parties; flexible options in carrying out goals by state and local administrators; fiscal auditing based on performance standards and goals, streamlining of present federal requirements and burdens; establishment of program and performance standards based on goals and objectives; and, contracting and contract employment based on program goals and standards.

3. The categorical approach to developing services and supports for the elderly: this resulted in structural barriers to effective management. These barriers make pooling funds and other apparent solutions difficult to achieve. The resolution of consequent problems requires detailed and sophisticated analysis for effective management.

4. Options for federal government organizational structure:

   a. Create a federal Department of Aging which would possess leadership capability and administrative responsiblility for major existing aging programs.

   b. Place AoA and perhaps other program units that primarily deal with the elderly in the Social Security Administration, where they would be grouped with the largest administrative unit dealing with the elderly. Unified administration would not only provide an opportunity for program consolidation and coordination at the federal level, but would offer greater opportunity for other aging programs to be administered through the SSA district and field office structure.

   c. Reorganize AoA, with greater independence and hierarchical prominence within HHS (Health and Human Services).

   d. Develop an Aging Policy Council, i.e. a working group of key subcabinet officials who have major responsibility for the elderly.

   e. Appoint an Assistant Secretary for Aging in each department or agency having responsibilities for Aging programs.

   f. Introduce a structure similar to the former President's Council on Aging, made up of cabinet-level officials and other advisors from within and outside of government.

5. Administrative relationships between SSI and OASI: these two major income programs remain separate in many respects. Consideration should be given to unified

administration, similar to the federal Medicare-Medicaid merger in HCFA (Health Care Finance Administration.)

6. The roles of federal and state officials: the division of authority and responsibility of each in the exercise of supervision and requirements applied to state and substate agencies needs clarification.

IV. FEDERALISM, FRAGMENTATION AND FLEXIBILITY

The three themes in this section reflect federal programs that are increasingly national in direction, categorical in framework, but implemented through numerous governmental units, claiming a need for increased choice-options to meet national directions. Despite a nationalization of programs for the elderly, most of the planning and fulfillment of needs cannot occur in Washington, D.C. or the Regional offices. Considerable state and local programming for the elderly can and does occur. State and local governments have taken many notable actions to use their governance powers to provide tax benefits for the elderly, enacted regulations that have protected the elderly, and have offered services financed without federal support.

Coordination has been looked to as the major answer to solving the problems of fragmentation. However, neither the difficulties involved in designing and implementing the concept nor the realities of agency responsibilities, power and turf have been carefully considered. Alternatives to coordination, such as creative intergovernmental management approaches and techniques for negotiating differences and forging solutions, should be promoted. If network management is undertaken as a coordination strategy it should be recognized as an extremely complex task encompassing multiple management approaches, including redefined services delivery, forging linkages between agencies and programs, improving capability to manage policies and reorganizing to facilitate other approaches.

The issues and conclusions in this area include:

1. Federal requirements imposed on the states: these should ensure maximum state flexibility in carrying out those mandates. States should recognize the corresponding responsibility of their role in meeting national aims.

   Efforts should be made to identify, promote and enhance the choice-making responsibilities of state and local officials in dealing with the elderly.

2. The role of general purpose local government (cities, counties, towns): Increasingly, thrust upon it are problems of the elderly that are the legislated responsibility of other jurisdictions.

Large general purpose governments are able to undertake leadership and focused responsibility for local programs. As the major units of government affecting citizens regarding the delivery of most local services, they possess greater scale and ability to act on behalf of the elderly than small cities or counties, or quasi-governmental units in their area. Strengthening local governments may include designating cities and counties as AAA's, permitting geographic subcontracts, or giving them increased service delivery responsibility for federal-state programs. In addition, the issue of self designation by cities and counties as AAA's requires careful study.

3. The potential of AAA's to develop comprehensive systems of service needs: this may be illusory. Attempts to develop comprehensive systems appear to be based on vague mandates in the regulations. Area agencies report little flexibility. The development of systems conflicts with mandates of other programs and the power and jurisdiction of other agencies.

   Management of the "aging network" must begin with the natural support and helping systems in the community such as families, neighborhoods, ethnic groups and other social groups. Their role should be promoted, including participation of the private sector in planning and advisory functions as well as program implementation.

V. ADVOCACY AND ADVISORY STRUCTURE

This section focuses on three areas: (1) the efforts of government organizations in encouraging and arranging benefits and services from other agencies, particularly questions regarding the mandated roles of AoA, the Federal Council on Aging, state units on aging and AAA's; (2) the function and role of citizen advisory structures, particularly those under the Older Americans Act; and, (3) program structure designed to provide citizen redress.

Advocacy programs located within governmental agencies often have considerable difficulty in promoting change for the elderly by other agencies. This is especially true when the advocacy agency is buried in one department and must deal with the head of its own or another department. On the other hand, if a powerful Cabinet officer can be enlisted, the aging advocate unit may actually acquire enormous power.

The role of citizen advisory groups is found in many cases to be ineffectual. Few have achieved a great deal of impact on policy or administration. It may be inconsistent to require so many policy-advice-giving bodies when normal channels of access to elected officials exist. In many cases function and role of advisory bodies is either unclear or restricted under law.

There is also evidence that members of citizen advisory bodies often have neither proper training and development nor access to independent sources of information.

Most citizen redress structures such as ombudsman and legal services programs are found to be somewhat more effective when independent of agencies they are petitioning.

Advocacy and advisory issues, and conclusions include:

1. The several questions concerning the appropriate advocates for aging populations at all levels:

   a. Is it inconsistent for an agency like AoA at its present organizational level to perform advocacy functions with cabinet level and independent agencies?

   b. Can a part-time advisory group such as the Federal Council on Aging meet the technical demands of policy advocacy?

   c. Is a subcabinet structure, involving key cabinet members dealing with the aging, a meaningful option?

   d. Is the White House level counselor to the President an optimal arrangement or should this function be fulfilled in other ways?

   e. Is it structurally inconsistent for state and substate units to have major planning, operational and advocacy responsibility? What alternative structures should be considered?

   f. If advocacy remains as an important substate goal, should it be undertaken by other agents, i.e., governmentally funded, non-governmental groups?

2. The efficacy of citizen redress programs: these should be examined, both for their effectiveness in meeting the needs of a wide range of grievances and in the capacity of the elderly to seek redress.

3. The locale of individual citizen advocacy programs: these should be examined. Is it inconsistent for advocates such as ombudsmen to be within the structure of government agencies that deliver the services? Should the "legal services" model, outside of operational agencies, be replicated?

4. Policy advocacy by government agencies: is it less effective when there is no coherent policy strategy or framework for action regarding the elderly?

5. Citizen advocacy regarding policy on national centralized programs (OASI and Medicare): the means of citizen input and evaluation needs strengthening.

6. Structural and operational changes to give citizen advisory bodies greater influence in setting and monitoring the action agencies take: these should include amending statutes and regulations to allow for increased policy-advice-giving; providing greater independent resources to advisory bodies to conduct their own investigations; and providing independent means of gathering program input.

7. The criteria for membership on advisory bodies should be more specific, particularly in regard to "recipients of services".

8. Systematic and continuing efforts should be made to monitor the role, impact and contribution of advisory groups.

VI. CONCLUDING OBSERVATIONS

Recommended actions are most likely to be given favorable consideration when accompanied by specific, measurable objectives, cost-benefit data, assignment of responsibilities and information feedback mechanisms.

Since many of the changes and options require resources, research and/or skills and knowledge not currently available, the WHCOA recommended changes or new activities must include the necessary supports and resources to achieve the desired objectives.

The following Technical Committee Summaries have been published:

Retirement Income
Health Maintenance and Health Promotion
Health Services
Social and Health Aspects of Long Term Care
Family, Social Services and Other Support Systems
The Physical and Social Environment and Quality of Life
Older Americans as A Growing National Resource
Employment
Creating an Age Integrated Society: Implications for Societal Institutions
Creating an Age Integrated Society: Implications for the Economy
Creating an Age Integrated Society: Implications for the Educational Systems
Creating an Age Integrated Society: Implications for Spiritual Well-Being
Creating an Age Integrated Society: Implications for the Family
Creating an Age Integrated Society: Implications for the Media
Creating an Age Integrated Society: Implications for Governmental Structures
Research in Aging

Experts from various fields were appointed by the Secretary of Health and Human Services to serve on 16 Technical Committees, each charged with developing issues and recommendations in a particular area for consideration as background material for the delegates to the 1981 White House Conference on Aging.